

Case Number:	CM14-0002015		
Date Assigned:	01/24/2014	Date of Injury:	03/10/2013
Decision Date:	06/06/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 54 Year old male with a reported date of injury occurring 3/10/2013. The injury occurred while the claimant was milking cows. A cow moved backwards making contact with the claimant. The claimant then fell backwards and hit his head on a sprinkler. Diagnoses include traumatic brain injury. The claimant still complains of frequent headaches and difficulty sleeping since the time of the injury. Physical exam is notable for a wide based gait and the inability to perform a tandem gait. Diagnostic studies include a brain MRI which is normal in addition to an Electroencephalogram. Although this study indicated a low voltage study, there was no evidence for any epileptiform discharges.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

DIGITAL Q ELECTROENCEPHALOGRAM (EEG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter.

Decision rationale: The Official Disability Guidelines (ODG) states the use of the QEEG is not recommended for diagnosing traumatic brain injury in addition the results are almost always

redundant when traditional electroencephalographic, neurologic and radiologic evaluations have been obtained. In this case the initial EEG has already been performed. There is no specific additional information that will be obtained that is useful for either diagnosis (traumatic brain injury) or management of the claimant.