MAXIMUS Federal Services

| Case Number: | CM14-0006380 | | |
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| Date Assigned: | 02/07/2014 | Date of Injury: | 09/06/2011 |
| Decision Date: | 06/23/2014 | UR Denial Date: | 01/06/2014 |
| Priority: | Standard | Application Received: | 01/16/2014 |

## 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 tEXAS. 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 injured worker is a 68-year-old female with a date of injury of 9/6/11. The mechanism of injury was a trip and fall. The injured worker complained of persistent headaches with persistent pain in her neck, shoulders, and left shoulder, and right hand and wrist pain. The x-rays of the shoulder and left wrist were normal in 2011. A CT scan of the brain was normal in 2011. According to the documentation dated 12/18/13, the injured worker scored 20/30 on her mini mental status examination. The clinical note also reported that the injured worker was seen by a neurologist and a neuropsychologist. According to the clinical note dated 12/30/13, the injured worker's range of motion was limited. According to the documentation provided, a neurological examination did not identify any neurological abnormalities. The CT and MRI results were not available for review. The injured worker's diagnoses included tension headaches, jaw pain, cervical sprain, cervical thoracic sprain/strain, incontinence, history of colon cancer, tendonitis in bilateral shoulders, and pain in the wrists, hands, and knees. The injured worker's medication regimen was not included in the medical records provided for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EEG/DIGITAL QEEG/ A QEEG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, EEG and Brain Mapping.

**Decision rationale:** The ACOEM/MTUS guidelines do not address this issue, so the Official Disability Guidelines were consulted instead. According to the Official Disability Guidelines, if there is a failure to improve or if there is additional deterioration following initial assessment, EEG may aid in diagnostic evaluation. According to the Official Disability Guidelines, QEEG or brain mapping is not recommended for diagnosing traumatic brain injury. There is a lack of documentation provided in the clinical notes that demonstrate a change in the injured worker's functional status. According to the documentation provided, all neurological tests previously performed have been within normal limits. The rationale for QEEG and EEG is unclear. As such, the request is not medically necessary.

**COGNITIVE P300 EVOKED RESPONSE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Electrodiagnostic Studies.

**Decision rationale:** The ACOEM/MTUS guidelines do not address this issue, so the Official Disability Guidelines were consulted instead. According to the Official Disability Guidelines, cognitive event related potential is not recommended. Indications for use of the evoked potential response in a traumatic brain injured worker is determined in an individual's more specific level of neurological functioning in moderate to severe traumatic brain injury. According to the documentation provided for review, the injured worker's previous neurological testing has all been within normal limits. The rationale for the request for cognitive evoked response is unclear. According to the documentation, there has not been a functional change objectively observed in the injured worker. As such, the request is not medically necessary.