

<b>Case Number:</b>	CM14-0018865		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/26/2011
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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, has a subspecialty in Neurocritical Care and is licensed to practice in Maryland. 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:

This is a 58-year-old male with a 01/26/2011 date of injury. A specific mechanism of injury was not described. 1/20/14 determination was modified. There was certification for a neurology follow-up and non-certification of a digital EEG, QEEG, cognitive P300 evoked response test, and EEG. Regarding digital EEG there were no ongoing issues or extenuating circumstances that would require a digital EEG. Regarding QEEG there was limited evidence of neurological findings and memory problems. Regarding P300 evoked response test, there was limited evidence in decline in specific level of neurologic functioning, balance problem, and visual defect. Regarding EEG, there was no documentation as to what aspect of cognition the patient has difficulties, limited evidence of neurological findings and memory problems. 8/13/13 identifies that an authorized electroencephalogram was performed and was within normal limits. 1/23/14 medical report identifies that on 12/11/13 the patient reported that he was using a reminder book. His affect was brighter. On 12/18/13 and 12/30/13 follow-ups the patient continued to make bread. He spent up to half day baking. He indicated his frame of mind had improved. He was writing notes. He utilized a reminder book. On 1/22/14 he was encouraged to formulate and follow through on concrete behavioral goals and to remain active consistent with symptoms and limitations in function. The provider stated that the patient has continued to experience dysphoric symptoms, symptoms of anxiety, cognitive deficits, and an emotional handicap to his physical symptoms during this interval. His emotional symptoms have continued to impact substantially upon his ability to perform the duties of his usual and customary employment. 11/14/13 agreed medical examination identifies that the patient complains of memory difficulty, problems with word finding, ringing in the ears, imbalance, trouble swallowing, and dry mouth. On neurological examination of Mini-Mental State Examination the score was 27/30, which is borderline diminished. The previous score was 26/30.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **DIGITAL ELECTROENCEPHALOGRAPH (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 (ODG) , Head procedure summary.

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

**Decision rationale:** ODG states that if there is failure to improve following initial assessment and stabilization, EEG may aid in diagnostic evaluation. The patient has apparent cognitive problems. However, there was an electroencephalogram performed on August that was within normal limits and there is no indication of acute exacerbation of symptoms. The AME reports slight improvement and the psychiatric notes also indicates that the patient is apparent stable. The request is not medically necessary.

### **QUANTIFIED ELECTROENCEPHALOGRAPH(QEEG): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Head Chapter, QEEG (brain mapping).

**Decision rationale:** ODG stated that the results of QEEG are almost always redundant when traditional electroencephalographic, neurologic and radiologic evaluations have been obtained. The patient had a previous EEG that was normal. There is no clear rationale for performing this study. The request is not medically necessary.

### **COGNITIVE P300 EVOKED RESPONSE TEST: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Head Chapter. Electrodiagnostic Studies. Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** There is no indication for this study. The patient has been already diagnoses with TBI and had a normal EEG performed previously. In addition, a search of online resources revealed that the requested testing is considered investigational and not medically necessary.

**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 (ODG) Head Chapter.

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

**Decision rationale:** ODG states that if there is failure to improve following initial assessment and stabilization, EEG may aid in diagnostic evaluation. The patient has apparent cognitive problems. However, there was an electroencepalogram performed on August that was within normal limits and there is no indication of acute exacerbation of symptoms. The AME reports slight improvement and the psychiatric notes also indicates that the patient is apparently stable. In addition, there is no clear rationale for performing a digital EEG and a traditional EEG concurrently, the request is not medically necessary.