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| Case Number: | CM14-0122511 | | |
| Date Assigned: | 08/18/2014 | Date of Injury: | 03/05/2014 |
| Decision Date: | 09/15/2014 | UR Denial Date: | 07/21/2014 |
| Priority: | Standard | Application Received: | 08/04/2014 |

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 Preventative Medicine 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:

According to the records made available for review, this is a 67-year-old female with a 3/5/14 date of injury. At the time (7/7/14) of request for authorization for Electrocephalogram, Memory test, Sensory learning therapy, there is documentation of subjective (memory loss, more emotional, hard time eating, sleep is fine, still having dizziness, seems like she is out of it, just not herself, some days are better, but at other times wakes up and feels horrible, emotions all over the place, cries a lot, never had a day back to baseline, and has a lot of nausea) and objective (neck spasm, decreased range of motion on left at 85 degrees and right at 65 degrees, neck flexion and extension intact, occipital triggers bilaterally and worse on left, trapezius spasm worse on left, coordination intact to finger to nose testing and heel to shin testing bilaterally, positive Rombergs, and no ataxia to tandem walking) findings, imaging findings (EEG (undated) report revealed abnormal in awake, drowsy, and sleep state; slow waves and rare sharp waves occurred in the frontal head regions with maximum voltage in the fronto-temporal head regions; findings consistent with fronto-temporal cerebral abnormality which is part epileptogenic; further review with ambulatory EEG is needed), current diagnoses (post concussive syndrome with dizziness, headaches as well as short term memory problems), and treatment to date (medications (Depakote (could not handle) and Keppra). Regarding Memory test, there is no documentation of which specific testing is being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrocephalogram: Upheld

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

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, EEG (neurofeedback).

Decision rationale: MTUS does not address this issue. ODG identifies documentation of failure to improve or additional deterioration following initial assessment and stabilization, to support the medical necessity of Electroencephalography. Within the medical information available for review, there is documentation of diagnoses of post concussive syndrome with dizziness, headaches as well as short term memory problems. In addition, there is documentation of a previous abnormal Electroencephalogram. Furthermore, there is documentation of failure to improve. However, there is no documentation of a rationale for repeat electroencephalogram. Therefore, based on guidelines and a review of the evidence, the request for Electroencephalogram is not medically necessary.

Memory 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 (head chapter).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127 Official Disability Guidelines (ODG) Head Chapter, Office visits.

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In addition, before the requested memory test can be considered medically appropriate, it is reasonable to require documentation of which specific testing is being requested and for which diagnoses/conditions that the requested testing is indicated. Within the medical information available for review, there is documentation of diagnoses of post concussive syndrome with dizziness, headaches as well as short term memory problems. However, there is no documentation of which specific testing is being requested. Therefore, based on guidelines and a review of the evidence, the request for Memory test is not medically necessary.

Sensory learning therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletin: Sensory and Auditory Integration Therapy Policy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:http://www.aetna.com/cpb/medical/data/200_299/0256.html.

Decision rationale: MTUS and ODG do not address this issue. Medical treatment guideline identifies sensory integration therapy is experimental and investigational for the management of persons with various communication, behavioral, emotional, and learning disorders and for all other indications and the effectiveness of these therapies is unproven. Therefore, based on guidelines and a review of the evidence, the request for Sensory learning therapy is not medically necessary.