

Case Number:	CM14-0170819		
Date Assigned:	10/23/2014	Date of Injury:	06/21/2013
Decision Date:	11/21/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/15/2014

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 Neurosurgeon and is licensed to practice in Georgia & Virginia. 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 47-year-old male who reported an injury on 06/21/2013. The mechanism of injury was a fall from a ladder and a loss of consciousness. Prior treatments included medications and cervical epidural steroid injections. The medications included Norco 10/325 tablets 2 per day, Anaprox, Neurontin, and Protonix. The injured worker underwent an EMG of the bilateral upper extremities, and EMG/NCV of the bilateral upper and extremities, a MRI of the cervical spine and lumbar spine, and a MRI of the brain. The MRI of the brain revealed multiple high intense foci involving the supratentorial white matter with predominant involvement of the frontal lobes bilaterally and consideration included white matter changes. The documentation indicated the injured worker's symptomatology included headaches with dizziness and vomiting. The injured worker had short term memory loss and was irritable and easily upset. . There was no physician documentation or rationale submitted for the requested intervention. There was no DWC Form RFA submitted for the requested intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testing: digital QEEG: Upheld

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

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, QEEG (brain mapping)

Decision rationale: The Official Disability Guidelines indicate a quantified electroencephalography is not recommended for diagnosing traumatic brain injury. Studies suggest that in the future, quantified electroencephalography may become a useful tool in the retrospective diagnosis of traumatic brain injury and its severity, but applications remain investigational and it is not a covered service. There was no clinical documentation requesting the testing. There was no documented rationale. Given the above the request for Testing: digital QEEG is not medically necessary.

Testing: cognitive P300 evoked responses: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Evoked Potential Responses (EP)

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, Electrodiagnostic studies

Decision rationale: The Official Disability Guidelines indicate that an evoked potential response is utilized to determine an individual's more specific level of neurologic function in moderate to severe traumatic brain injury; however, cognitive event related potential is not recommended. There was no physician documentation and rationale requesting the testing. Given the above and the lack of rationale and documentation, the request for Testing: cognitive P300 evoked responses is not medically necessary.