

Case Number:	CM14-0171971		
Date Assigned:	10/23/2014	Date of Injury:	03/13/2013
Decision Date:	11/21/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/17/2014

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 Occupational 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:

This patient is a 49 year old male who developed persistent neurological and musculoskeletal difficulties subsequent to a slip and fall 3/13/2013. Due to the unusual nature of his complaints an AME Neurologist and Neuropsychologist have evaluated him. Both evaluators concluded that his complaints and presentation was due to non-organic injury. He has also had a complete ENT evaluation and testing which did not find any vestibular basis for his complaints. A new Neurological evaluator is requesting EEG studies and upper extremity EMG studies. There is no documentation that the requesting physician has reviewed prior tests or prior conclusions by the AME evaluators. This evaluator does not document any acute neurological findings. The requesting physician does not provide any rationale for the testing based on the current evaluation or the prior expert opinion and recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electroencephalography (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, EEG (Neurofeedback)

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

Decision rationale: MTUS Guidelines do not address the issue of EEG testing. ODG Guidelines do address this test and support its rational use when there are specific neurological findings. The requesting physician did not review the extensive prior evaluations and conclusions in formulating this request. In addition, requesting physician did not report any new nor changing neurological status that would generally justify the EEG testing. Under these circumstances the EEG testing is not medically necessary.

Electromyography (EMG) Bilateral Upper Extremities.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: MTUS Guidelines support EEG testing when there are persistent neurological changes that have not been evaluated and/or there are significant changes from prior evaluations. Neither of these conditions has been met. This patient has had prior electrodiagnostic testing has been diagnosed with a C6 carpal tunnel and radiculopathy. He has been treated by a Neurosurgeon and has declined any surgical or injections. The treating Neurosurgeon and AME Neurologist did not opinion the need for further testing and there is no documentation that the requesting physician has reviewed these evaluations and prior treatment recommendations. Under these circumstances the request for the upper extremity EMG is not medically necessary.