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| Case Number: | CM14-0176723 | | |
| Date Assigned: | 10/30/2014 | Date of Injury: | 09/07/2013 |
| Decision Date: | 12/08/2014 | UR Denial Date: | 09/26/2014 |
| Priority: | Standard | Application Received: | 10/24/2014 |

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 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:

The Injured Worker (IW) is a 35 year old male with a date of injury of 9/7/2013. The mechanism of injury is reported to be two separate blunt traumas to the head occurring on the same day. (The IW struck his head on a ceiling and then was hit by a food rack on the top of the head). There is no reported loss of consciousness at the time of the event. The IW did have a CT of the head initially and a follow up CT and both are reported as normal. The IW is reporting persistent headaches, memory difficulties and problems with his speech. The IW is also reporting some difficulties with visual acuity. The mental status portion of the neurological exam from 7/30/2014 is notable for difficulty with serial seven's, three object recall (only able to recall two of the three objects), and also difficulty copying objects (in this case, the overlapping pentagons). The rest of the neurological examination is reported as normal. The IW also had an MRI of the brain from 1/17/2104 which is notable for extensive sinus disease. There is no mention of abnormalities pertaining to the brain. The treating neurologist has given him the diagnosis of post traumatic head syndrome (post concussive syndrome) and has recommended an EEG to further evaluate his memory difficulties and cognitive complaints. A previous request for an EEG was non-certified.

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 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) ODG Head EEG (Neurofeedback)

Decision rationale: Per the online disability guidelines, the use of EEG is useful for obtaining information to look for alterations in brain wave activity that are non-specific or morphological changes that are seen in seizures. The standard of care for using EEG as a diagnostic modality is to assess for changes in consciousness (as a result of seizure activity). In this case, the IW is reported to have post concussive syndrome resulting from two mild concussions. There was no reported loss of consciousness at the time of the event or in any period following this event. Although the IW is reporting difficulties with memory or cognition, there is no evidence provided to state this is the result of alterations in consciousness. The request to obtain an EEG is not medically necessary.