

Case Number:	CM14-0021858		
Date Assigned:	05/09/2014	Date of Injury:	09/06/2011
Decision Date:	08/06/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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:

The patient is a 51-year-old female who has filed a claim for posttraumatic cervicogenic headaches associated with an industrial injury date of September 06, 2011. Review of progress notes indicates neck pain radiating down the left lower extremity, back pain radiating down bilateral legs, bilateral shoulder pain, weakness of the left hand and bilateral wrists, right hip/groin pain, headache, numbness to the left jaw, difficulty swallowing, tinnitus in the left ear, difficulty sleeping, and memory problems. Findings include decreased cervical and lumbar range of motion, decreased grip strength on the left, tenderness over the left shoulder and lumbar region, decreased left ear hearing, and an MMSE score of 20/30. Treatment to date has included physical therapy, injections to the low back, antidepressants, opioids, cervical spinal surgeries in November 2011 and July 2013. Utilization review from February 11, 2014 denied the requests for EEG/digital EEG as this is not recommended for diagnosing traumatic brain injury, and brain MRI has been authorized; overnight polysomnography as there were no symptoms of obstructive sleep apnea; and Botox injections to the suboccipital region as these are not recommended for headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROENCEPHALOGRAPHY (EEG)/ DIGITAL QUANTIFIED ELECTROENCEPHALOGRAPHY (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.

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); QEEG (BRAIN MAPPING).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, EEG is recommended as a diagnostic procedure if there is failure to improve or additional deterioration is present following initial assessment and stabilization. QEEG is not recommended for diagnosing traumatic brain injury. In this case, there is no clear indication for an EEG and QEEG as these modalities are not indicated for diagnosing traumatic brain injury. Also, the patient does not present with neurologic deterioration to warrant an EEG. Therefore, the request for EEG/QEEG is not medically necessary.

OVERNIGHT POLYSOMNOGRAPHY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL ILLNESS & STRESS CHAPTER, POLYSOMNOGRAPHY.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Criteria for polysomnography includes excessive daytime somnolence; cataplexy; morning headache; intellectual deterioration; personality change; and insomnia. In this case, the patient complains of trouble going to sleep and staying asleep, weight gain, and dry mouth upon waking up. However, there is no documentation of failed behavioral interventions to improve sleep quality, or findings suggestive of obstructive sleep apnea. Therefore, the request for overnight polysomnography is not medically necessary.

BOTOX INJECTIONS TO THE SUBOCCIPITAL REGION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BOTULINUM TOXIN (BOTOX; MYOBLOC) Page(s): 25-26.

Decision rationale: According to page(s) 25-26 of CA MTUS Chronic Pain Medical Treatment Guidelines, Botox injections are not generally recommended for chronic pain disorders, but recommended for cervical dystonia. They are not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. This patient presents with frequent headaches beginning in the suboccipital area and remaining in the posterior head region, associated with fuzzy eyes. However, this is not an indication for Botox injections. Therefore, the request for botox injections to the suboccipital region is not medically necessary.