

Case Number:	CM14-0023820		
Date Assigned:	06/11/2014	Date of Injury:	05/07/2013
Decision Date:	07/18/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/25/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 49-year-old male who reported an injury when a box fell on his head on 05/07/2013. The injured worker reported that when he went to sleep his body started to shake and jump. The injured worker reported he continued to have headaches on a daily basis and to have problems with numbness to the left upper extremity. The injured worker reported cognitive problems. On physical exam, the injured worker was awake and alert. There were no observed abnormal involuntary movements. The screenings of the cranial nerves 2 through 12 were normal. There were spasms to the neck. Prior treatments have included diagnostic imaging and medication management and chiropractic therapy. The provider submitted a request for electroencephalogram digital analysis. The injured worker's medication regimen included Midrin, Topamax, and Ambien. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROENCEPHALOGRAM (EEG) DIGITAL ANALYSIS: Upheld

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

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, (neurofeedback).

Decision rationale: The request for electroencephalogram (EEG) digital analysis is not medically necessary. The Official Disability Guidelines (ODG) recommend electroencephalography if there is failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation. The clinical notes indicated the injured worker had no abnormal involuntary movements. Cranial nerves 2 through 10 were normal. In addition, the documentation submitted did not indicate the injured worker had failure to improve or additional deterioration following initial assessment and stabilization. Therefore, the request for electroencephalogram (EEG) digital analysis is not medically necessary.