

<b>Case Number:</b>	CM14-0033641		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/21/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 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 47 Year Old Male with a reported date of Injury of 6/21/2013. The mechanism of injury is described as a fall from a ladder while lifting objects overhead. The IW reportedly struck the back of his head during the fall and had an undetermined period of loss of consciousness. Per the Neurologist consultation of 9/17/13, the IW reports chronic daily headaches, and difficulties with sleeping. The IW also reports a loss of feeling on the right side of his face which is improving. The IW reports intermittent left arm numbness, constant neck pain and stiffness in addition to right shoulder pain. The physical exam is notable for right shoulder weakness in abduction and flexion and reported decreased sensation of the dorsum of the hand. An MRI of the brain was performed on 7/15/2013 with reported multiple T2-Flair hyperintense foci which can be seen in post-traumatic changes, chronic small vessel disease and in migraines. The IW has been treated conservatively with oral pain medications including Ultram, Gabapentin, and NSAID's. A previous decision for obtain an EEG, a PQEEG and P300 evoked potentials was deemed not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 (ODG)- TWC, Head Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head procedures EEG.

**Decision rationale:** Per the ODG Head procedure summary an EEG is a well established diagnostic procedure that monitors brain wave activity. The information generated includes alterations in brain wave activity such as frequency changes (non-specific) or morphologic (seizures). An EEG is also recommended if there is failure to improve or there is additional deterioration following initial assessment and stabilization. In this particular case, there has been no history of suspected seizure activity that would warrant an EEG. Although the IW has an initial period of loss of consciousness, there is no description in the history that he may have had or continues to have any alteration of consciousness resembling a seizure. In addition, the IW has not demonstrated deterioration following initial assessment Therefore, this procedure is not medically necessary.

**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)-TWC, Head Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head procedures QEEG.

**Decision rationale:** Per the ODG-TWC Head procedure summary the use of QEEG is not recommended for diagnosing a traumatic brain injury. This procedure is not medically necessary as this not an approved standard for making a diagnosis due to a lack of evidence to support its use.

**P300:** 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)- TWC, Head Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head procedures Evoked Responses.

**Decision rationale:** The ODG-TWC Head Procedure Summary identifies indications for the use of evoked potential responses in the TBI patient in the case of moderate to severe TBI including the minimal responsive or vegetative state. In this particular case, the IW has a normal mental status based on all of the progress notes provided. Although the IW has residual symptoms of a

mild TBI, this additional procedure is not medically necessary as the mental status can easily be obtained.