

Case Number:	CM14-0044918		
Date Assigned:	07/02/2014	Date of Injury:	09/11/2013
Decision Date:	08/05/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/12/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A note dated 5/23/14 indicates the injured worker had a ball hit the side of his head and had no loss of consciousness. The injured worker notes confusion, irritability, anxiety and headaches. A 10/2013 Electroencephalogram (EEG) is reported to be abnormal with right hemisphere low amplitude recording (non specific finding). Neurologic examination was noted as normal for cranial nerves, motor, sensory, reflexes, coordination, and cortical functions. Assessment was made of postconcussion syndrome, anxiety state, and sleep arousal disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electroencephalogram (EEG) quantity: 1.00: 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 (web updated 3/28/14): EEG (electroencephalography).

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: Electroencephalogram (EEG) is not supported for evaluation of post concussive syndrome in absence of other findings suggestive of seizure. The medical records provided for review do not indicate any focal neurologic findings on physical and do not indicate

any symptoms consistent with seizure. The requested EEG is not supported based on the medical records provided for review.