MAXIMUS Federal Services

Case Number:	CM14-0045830		
Date Assigned:	07/02/2014	Date of Injury:	04/22/2010
Decision Date:	08/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/14/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 42-year-old male who reported injury on 04/22/2010. The mechanism of injury was the hood of a truck struck the injured worker's head. The injured worker was noted to have lost consciousness and complained of neck pain, low back pain, mid back pain, right elbow, right wrist, right knee, and groin pain. Prior treatments included medication management, physical therapy, acupuncture, 3 cervical epidural steroid injections, 4 lumbar epidural steroid injections, and chiropractic treatment. The injured worker underwent an MRI of the lumbar spine. The documentation of 03/20/2014 revealed the injured worker continued to have headaches. They lasted 1 hour to 2 hours twice a day. The injured worker indicated the headaches arise from the suboccipital area toward the temples. The injured worker was noted to have prior injections in the neck that gave temporary relief but no sustained relief. The injured worker had benefit with Midrin in the past. The injured worker was noted to have trouble with short term memory and forgot simple information and got easily distracted. The injured worker did not have double vision, and his balance was okay. The documentation indicated the physical examination revealed the speech had no dysphasic errors. The voice volume was low. The hearing was equal to finger friction. The pupils were equal. The optic discs were normal. The eye movements were full. Nystagmus was not present. Light touch over the face was equal. There was tenderness to the greater and lesser occipital nerves bilaterally. There were some cervical spasms present. The Romberg test was negative. There was no pronator drift. Finger to nose testing was performed equally. The diagnoses included head trauma with post-traumatic head syndrome, post-traumatic headaches, and disorder of sleep and arousal. The treatment plan included a brain MRI, EEG, and digital QEEG. The physician documented the rationale for obtaining the studies was to determine if there were intracranial abnormalities accounting for ongoing complaints. Relative to his memory and concentration problems, they would be

addressed with the EEG and QEEG. The physician opined, neurologically, the injured worker was approaching a permanent and stationary status, and the tests were medically necessary in order to complete the assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brain MRI: 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, MRI (magnetic resonance imaging).

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, MRI (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines recommend MRIs to determine neurologic deficits not explained by a CT, to evaluate prolonged intervals of disturbed consciousness, or to define evidence of acute changes superimposed on previous trauma or disease. The clinical documentation submitted for review failed to indicate the injured worker underwent a prior CT scan. There was a lack of documentation indicating a prolonged interval of disturbed consciousness. There was a lack of documentation indicating the injured worker had evidence of acute changes superimposed on previous trauma or disease. Given the above, the request for an MRI of the brain is not medically necessary.

Electroencephalogram (EEG): Overturned

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, EEG (neurofeedback).

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).

Decision rationale: The Official Disability Guidelines recommend an EEG if there is failure to improve or additional deterioration following an initial assessment and stabilization. The documentation indicated the injured worker had a failure to improve and had ongoing complaints. Given the above, the request for an electroencephalogram (EEG) is medically necessary.

Digital Quantitative 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) Lead, QEEG (brain mapping).

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, QEEG (brain mapping).

Decision rationale: The Official Disability Guidelines do not recommend QEEG, quantified electroencephalography, for diagnosing traumatic brain injury. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Digital Quantitative Electroencephalography (QEEG) is not medically necessary.