

<b>Case Number:</b>	CM14-0059326		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/09/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 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 54-year-old male with date of injury of August 9, 2011. According to this report, the patient complains of neck pain with headaches. The patient points to the lower cervical spine area over the C6-C7 and C7-T1. He complains of constant pain that migrates into his head, causing headaches. He also has right upper extremity weakness with numbness. The patient also complains of right shoulder pain that is constant, dull, achy, sharp that radiates to his left clavicle and sternum. He also complains of low back pain with the right greater than the left that is sharp and radiates into the lower extremities. The patient also reports blurred vision with right greater than the left. The physical examination shows cranial nerve examination was normal. There is tenderness upon palpation of the spinous process and paravertebral muscle spasms were present. Cervical distraction, maximal foraminal compression, and shoulder depression test were positive bilaterally. There is decreased sensation noted over the right palm of the hand and into the forearm. The utilization review denied the request on April 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electroencephalogram/digital (EEG) and Cognitive P300 evoked response:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines)-TWC head Procedure Summary last updated 03/28/2014.

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

**Decision rationale:** This patient presents with neck, right shoulder, low back pain. The treater is requesting an encephalogram/digital EEG and cognitive P300 evoked response. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines on EEG (neurofeedback) recommends EEG as a well-established diagnostic procedure that monitors brain wave activity using scalp electrodes and provocative maneuvers such as hyperventilation and photic strobe. EEG is not generally indicated in the immediate period of emergency response, evaluation, and treatment. If there is failure to improve or additional deterioration following initial assessment and stabilization, an EEG may aid in diagnostic evaluation. The progress report dated March 12, 2014 documents that the patient continues to suffer from headaches, dizziness, and difficulty sleeping. The patient was previously evaluated by neurologist, [REDACTED], in September 2013, in which [REDACTED] requested authorization for encephalogram/digital QEEG, cognitive P300 evoked response in order to address or assess whether or not the patient is approaching a neurological permanent and stationary status. The patient continues to complain of neck pain and headaches with right upper extremity weakness and numbness. In this case, the treater does not document any seizures or neurologic deficits that will warrant the use of an EEG. Furthermore, the treater documents that the EEG is to be used to determine if the patient would qualify as permanent and stationary. The request for an EEG and Cognitive P300 evoked response is not medically necessary or appropriate.

**One follow-up orthopedic evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines)-TWC Pain Procedure Summary last updated 04/10/2014.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**Decision rationale:** This patient presents with neck, right shoulder, low back pain. The treater is requesting a followup orthopedic evaluation. The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines supports orthopedic followup evaluations every three to five days, whether in person or telephone. In this case, the treater is requesting one followup orthopedic evaluation and the request is reasonable. The request for one follow-up orthopedic evaluation is medically necessary and appropriate.