

Case Number:	CM14-0074726		
Date Assigned:	07/16/2014	Date of Injury:	02/20/2001
Decision Date:	10/15/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/22/2014

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 Internal Medicine 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 48 year old female who was injured on 02/20/2011. The mechanism of injury is unknown. On report dated 04/08/2014, the patient presented with complaints of hearing loss and felt disconnected from her surroundings but no reported tonic clonic activity. Her exam did not reveal any significant findings. She was advised to stop driving and was recommended for an Electroencephalogram (EEG). Prior utilization review dated 04/18/2014 states the request for EEG is denied as there is insufficient evidence submitted at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electroencephalogram (EEG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electroencephalogram (EEG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, http://www.hopkinsmedicine.org/healthlibrary/test_procedures/neurological/electroencephalogram_eeg_92,P07655/

Decision rationale: The California MTUS and ODG guidelines are silent regarding the request. The guidelines recommend EEG when evaluating seizure activity, encephalopathy, delirium, or

other neurological conditions. The clinical documents did not indicate why EEG testing was being performed. EEG testing is not a routine test which is ordered for screening purposes. Many of the clinical documents were handwritten and illegible. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.