MAXIMUS Federal Services

Case Number:	CM14-0075057		
Date Assigned:	07/16/2014	Date of Injury:	08/19/2008
Decision Date:	08/14/2014	UR Denial Date:	05/14/2014
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 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 5/5/2014 consultation indicates that the insured had been struck on the head during fall. There is a reported diagnosis of pseudo seizures. The insured is indicated to have right arm begin moving and then the head starts moving and the insured starts beating the chest with both arms and then loses consciousness. There were 6 seizures noted the previous week and 3 seizures the week before that. The insured is reported to be confused after and tired with the seizures. Treatment includes gabapentin, keppra and dexilant. Examination indicates slight tremor in the right arm and numbness in the right face, arm and leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Video Electroencephalogram (EEG), QTY: 1: 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), Treatment in Workers Compensation (TWC), Online Edition, Chapter: Head.

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

Decision rationale: The medical records provided for review do not indicate standard EEG or standard EEG with induction as part of assessment of the noted events characterized as seizures. A Video EEG is not supported as first step evaluation for the noted events without a standard EEG having been performed. Therefore, the request is not medically necessary.