

<b>Case Number:</b>	CM14-0078921		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/06/2011
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 and 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 injured worker is a 48-year-old female who reported an injury on 04/06/2011. The mechanism of injury was due to a motor vehicle accident. The injured worker has diagnosis of cervical dystonia and status post-concussion. Physical medical treatment consists of seeing a neurologist, seeing a psychologist, and medication therapy. Medications include Norco, Prilosec, Naprosyn, and Lidoderm 5%. An MRI of the lumbar spine was obtained in 2012 which revealed normal findings. Cervical MRI showed uncovertebral hypertrophic change at C3-4 with a mild disc osteophyte. On 04/21/2014, the injured worker complained of spasms in the neck to the left side. Physical examination revealed motor exam was symmetrical in strength and bulk. Deep tendon reflexes were 1+ and symmetrical. Sensory exam showed no deficits in touch or pain. Examination of the neck revealed moderate cervical paraspinal muscle spasm, left greater than right. The treatment plan is for the injured worker to undergo an electroencephalogram. The rationale for the request is the injured worker is status post-concussion occurring at time of accident which was 04/06/2011. The request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electroencephalogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head

**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 (neurofeedback).

**Decision rationale:** Official Disability Guidelines recommend EEG if there is failure to improve or additional deterioration following initial assessment and stabilization. EEG may aid in diagnostic evaluation. EEG (electroencephalography) is a well-established diagnostic procedure that monitors brainwave activity using scalp electrodes and provocative maneuvers such as hyperventilation and photic strobe. Information generated includes alterations in brain wave activity such as frequency changes (nonspecific or morphologic seizures). EEG is not generally indicated in the immediate period of emergency response, evaluation, and treatment. Following initial assessment and stabilization, the individual's course should be monitored. Given the above, the injured worker is not within ODG criteria. The submitted documentation did not indicate that the injured worker had failure to improve or had any signs of deterioration. Physical examination dated 04/21/2014 showed that cranial nerves were intact, motor exam was symmetrical in strength and bulk. Sensory exam had no deficits to touch or pain. Cerebral exam was normal to finger to nose testing. The submitted documentation lacked any deficits the injured worker might have had. As such, the request for Electroencephalogram is not medically necessary.