

Case Number:	CM14-0085208		
Date Assigned:	07/23/2014	Date of Injury:	11/20/2013
Decision Date:	11/12/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/06/2014

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 Occupational 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 injured worker is a 30-year-old male who sustained an injury on November 20, 2013. He is diagnosed with (a) head trauma, (b) history of minor bleed posterior scalp, (c) post traumatic head syndrome, (d) post traumatic headaches, and (e) disorder of sleep and arousal. He was seen for a complex neurologic consultation on May 14, 2014. On examination, mood and affect was normal. Voice was of soft volume. He voiced no delusions or hallucinations. Insight and judgment were intact. The pupils were equal. The optic discs were normal. There was tenderness over the suboccipital areas, left side greater than right side. Hearing was equal to finger friction. Light touch over the face was normal. The eye movements were full. He had no dysarthria or dysphasia. Neck flexion, extension, and lateral bending were full. Tenderness was noted over the neck. Deep tendon reflexes were 2 and symmetrical at the biceps, triceps, and brachioradialis. In the lower extremities, knee jerks and ankle jerks were 2. In the standing position, a Romberg test was negative. There was no pronator drift. Finger-to-nose was performed equally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electroencephalography/Digital QEEG (Brain mapping): 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 & Workman's Compensation (TWC): Head Procedure Summary

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: Indication for this procedure has not been met based on the injured worker's clinical scenario as presented by the reviewed medical records. There was no documentation that there was failure of attempts to manage the patient's neurologic complaints. It is recognized that the injured worker is taking Midrin but there was no documentation that he is not responding favorably to this medication. More so, clinical findings of the injured worker were not suggestive of any further deterioration of his neurologic status to warrant the need for electroencephalography. The request for encephalography is not medically necessary at this time.