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| Case Number: | CM14-0186652 | | |
| Date Assigned: | 11/14/2014 | Date of Injury: | 08/09/2012 |
| Decision Date: | 01/05/2015 | UR Denial Date: | 10/13/2014 |
| Priority: | Standard | Application Received: | 11/10/2014 |

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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/09/12 related to heat exposure. He has a diagnosis of epilepsy. He injured his right knee when it became twisted during a seizure. He was seen on 04/07/14. There had been two seizures in March 2014. He had been hospitalized and medications had been adjusted. The note references worsening of seizures for an unknown reason. Physical examination findings included a normal neurological examination. Dilantin and Topamax were continued. Further evaluation was requested. On 08/22/14 he had neck pain and stiffness after a seizure the day before and was having right knee and ankle pain. He had been seen by a neurologist and EEG monitoring had been requested. Physical examination findings included cervical spine stiffness and paraspinal muscle pain. There was decreased right knee range of motion. There was left elbow and ankle and right knee tenderness. Authorization for testing was requested. He was seen on 10/06/14. Dilantin had been discontinued and there had been no seizures for seven days afterwards. EEG monitoring had shown one myoclonic episode. Authorization for continued EEG monitoring was requested. On 10/13/14 he was now taking Depakote 500 mg two times per day. He had not had any definite seizures. He was having somnolence with upper and lower extremity muscle cramping attributed to Depakote with the note referencing an expected development of tolerance for these side effects. His other medications were Klonopin, Lexapro, Seroquel, and Topamax. Physical examination findings included appearing sleepy and he was difficult to arouse. There was right knee tenderness. He was continued at temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

IP stay video EEG monitoring: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), EEG (neurofeedback)

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for epilepsy and related injuries. EEG (electroencephalography) is a well-established diagnostic procedure that monitors brain wave activity using scalp electrodes and provocative maneuvers such as hyperventilation and photic strobe. Following initial assessment and stabilization, the individual's course should be monitored. Indications for EEG testing are a failure to improve or deterioration. In this case, the claimant has not had seizures since his hospitalization and after medications was adjusted. Therefore the requested EEG monitoring is not medically necessary.