

<b>Case Number:</b>	CM14-0209145		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	08/12/2004
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 injured worker (IW) is a 32-year-old woman with a date of injury of August 12, 2014. The mechanism of injury occurred when the IW was in the process of turning a patient that weighted 500 pound. The pulled on a sheet that gave way and she fell backward hitting her head on the wall. She had a head CT that was normal. She started physical therapy to the neck. The injured worker's working diagnoses are cervical strain; closed head injury with concussion; temporomandibular joint syndrome over the right secondary to jaw lash; lapses of memory; and spacing out episodes. Pursuant to the Neurological Secondary Treating Physician's Initial Consultation and Request for Authorization dated November 24, 2014, the IW complains of headaches, trouble sleeping, neck pain and stiffness, light sensitivity, blurred vision, lapses in memory with lightheadedness, right hand numbness that lasted 30 minutes 1 months ago, upper back pain, and spacing out for "seconds". Objectively, the IW was able to remember 2 of the 3 objects after 5 minutes during her mental status evaluation. Station and gait is intact. Cranial nerves II through XII were within normal limits. There was tenderness over the right temporomandibular joint. Motor strength was normal. Sensory exam was normal to touch and temperature in the upper and lower extremities. Examination showed tenderness of the cervical paraspinal muscles to the right shoulder. Lumbar range of motion is full. The treating neurologist is recommending Topamax 50mg at bedtime. She also suggests a dental consult for temporomandibular joint syndrome, neuropsychometric testing, and electroencephalogram to look for any evidence of underlying seizure disorder. The current request is for EEG to rule out any underlying seizure disorder (brain/head).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EEG to rule out any underlying Seizure Disorder (brain/head):** Overturned

**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 Section, EEG

**Decision rationale:** Pursuant to the Official Disability Guidelines, EEG to rule out underlying seizure disorder is medically necessary. An EEG is a well-established diagnostic procedure that monitors brainwave activity using scalp electrodes and provocative maneuvers. Indications for EEG: if there is a failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation. In this case, the injured worker is 32 years old and the date of injury August 12, 2014. Reportedly, the injured worker was pulling a sheet in the bed when it gave way she fell backwards into a wall. She had headache, dizziness and nausea as well as pain in the neck, upper back and right upper extremity. There have been no frank seizures since the episode. There is no diagnosis of seizure disorder. Work up to date includes a CAT scan of the head and a CT of the spine that were both negative. The injured worker saw a neurologist in consultation. The specialist wanted to rule out a seizure disorder because of the lapses in memory and spacing out. There are a wide variety of seizure disorders that may present with staring and lapses in memory. Although the symptoms are somewhat vague, the workup is appropriate. This not an unreasonable request based on the symptoms enumerated in the record. Consequently, EEG to rule out seizure disorder is medically necessary.