MAXIMUS Federal Services

Case Number:	CM14-0073039		
Date Assigned:	07/16/2014	Date of Injury:	02/20/2011
Decision Date:	05/12/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 50 year old female with an industrial injury dated 02/20/2011. Her diagnosis includes vertigo, bilateral upper extremity radiculopathy, vision changes and headache. Prior treatments include diagnostics, medications and specialty referral. She presents on 04/07/2014 with complaints of having episodes of loss of contact with the environment. She denied falls or seizure activity. The treating physician documents a neurological examination remains stable at this time and is entirely within normal limits. The physician advised the injured worker to stop driving motor vehicles and requested a study of brain wave activity (EEG).

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 Official Disability Guidelines, head, EEG, indications for EEG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Head(trauma, headaches, etc., not including stress & mental disorders), http://www.worklossdatainstitute.verioiponly.com/odgtwc/head.htm.

Decision rationale: According to ODG guidelines, "Electroencephalography (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. If during this period, there is failure to improve, or the medical condition deteriorates, an EEG may be indicated to assist in the diagnostic evaluation." The patient was reported to have episodes of loss of contact without any focal neurological signs. There is no documentation that non-neurological causes of loss of contact have been excluded. There is no documentation of abnormal movements suggestive of seizure activity. Therefore, the prescription of Electroencephalogram is not medically necessary.