

Case Number:	CM15-0102994		
Date Assigned:	06/05/2015	Date of Injury:	11/27/2012
Decision Date:	07/03/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/28/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 65-year-old female who sustained an industrial injury on November 27, 2012. She has reported cervical pain and has been diagnosed with post-concussion syndrome, depressive disorder, visual disturbances, unspecified concussion, and myofascial pain with trigger points. Treatment has included acupuncture, medical imaging, chiropractic care, and physical therapy. There were muscle spasms at the cervicobrachial, bilateral paraspinals, and bilateral upper trapezius. There were a positive twitch responses and trigger points. The neck was restricted in flexion and extension. The treatment request included an EEG/BNA and ultrasound guided trigger point injections bilateral cervical.

IMR ISSUES, DECISIONS AND RATIONALES

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

EEG/BNA brain network activation system: 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), Head Chapter, EEG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Head chapter and EEG- pg 18 Concussion TBI- pg 12.

Decision rationale: According to the guidelines, Indications for EEG : If there is failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation. In this case, there was no recent injury or signs of seizures to indicate the need for an EEG. In addition, there is insufficient evidence to support the need for an EEG or BNA in 2 years post-concussive patients. The request for an EEG/BNA was not substantiated and not medically necessary.

Ultrasound guided TPI's bilateral cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. Therefore, the request for ultrasound trigger point injection is not medically necessary.