

Case Number:	CM15-0109054		
Date Assigned:	06/15/2015	Date of Injury:	12/10/2013
Decision Date:	07/20/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/05/2015

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: California, North Carolina
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 69-year-old female, who sustained an industrial injury on 12/10/2013. She has reported subsequent neck, shoulder, low back, hip and head pain and was diagnosed with post-concussion syndrome, cervical post-laminectomy syndrome, cervicgia, headache and psychophysiologic disorder. Treatment to date has included oral pain medication, physical therapy, home exercise program and surgery. In a progress note dated 03/05/2015, the injured worker complained of back pain, muscle aches and weakness. Objective findings were notable for an antalgic gait and mild to moderately limited bilateral hip girdle flexibility, internal rotation and adduction. The injured worker was also noted to have persistent post-concussive symptoms including dizziness, headaches and photophobia since the injury. A request for authorization of an electroencephalogram for seizure was submitted. There was no medical documentation submitted that pertains to the current treatment request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic test Electroencephalography (EEG), to evaluate for seizure quantity 1: 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 (Web: updated 1/21/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, EEG.

Decision rationale: The CA MTUS does not address this issue. According to ODG, EEG is recommended if there is a failure to improve or additional deterioration is present following initial assessment or stabilization. In this case, the patient's most recent exam, 17 months following her injury, fails to detail any new symptoms. She complains of chronic dizziness, headache and photophobia. There is no documentation or loss of consciousness, seizure-like activity or other signs and symptoms of seizures to warrant an EEG. There are no focal neurologic deficits on physical examination. It is unclear how an EEG is expected to change the patient's current course of treatment. Therefore, the request for an EEG is deemed not medically necessary or appropriate.