

Case Number:	CM15-0012189		
Date Assigned:	01/29/2015	Date of Injury:	10/08/2012
Decision Date:	04/20/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/21/2015

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

Certification(s)/Specialty: Pediatrics, Neurological Surgery

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 62-year-old male who reported an injury on 10/08/2012. The mechanism of injury was not specifically stated. The current diagnoses include nocturnal myoclonus, severe OSA, and traumatic encephalopathy. The injured worker presented on 12/17/2014 for a followup evaluation with complaints of neck and low back pain, disequilibrium, anxiety, paranoia, impatience, progressive memory, and cognitive difficulties, and insomnia with hyperphagia. Upon examination, the injured worker was oriented to person only. Ataxia and myoclonic jerking with tremor was noted. The left lower extremity showed a positive Romberg's test. On 10/04/2014, an EEG reportedly revealed abnormal results with T6 epileptiform focus. Recommendations at that time included a repeat EEG study, an orthopedic evaluation, and a refill of the current medication regimen of alprazolam 0.15 mg, citalopram 20 mg, Norco 10/325 mg, Klonopin 1 mg, omeprazole 20 mg, and a 3T MRI of the brain with DTI and fMRI. A PET scan and neuropsych testing was also recommended. A Request for Authorization form was submitted on 12/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT EEG SLEEP DEPRIVED: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 (neurofeedback).

Decision rationale: The Official Disability Guidelines recommend an EEG if there is failure to improve or additional deterioration following initial assessment and stabilization. In this case, it is noted that the injured worker underwent an EEG study in 10/2014. The previous EEG documented a suggestion of epileptiform focus done both awake and during sleep. It is unclear why the provider is requesting a repeat EEG sleep deprived. There is no indication that this injured worker would benefit from repeat study in this case. In the absence of further clarification, the request is not medically appropriate at this time.

Klonopin 1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. The injured worker has also utilized Xanax. The medical necessity for 2 separate benzodiazepines has not been established in this case. Additionally, the request as submitted failed to indicate a frequency. Given the above, the request is not medically appropriate.

MRI Brain with DTI and fMRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, MRI (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines recommend an MRI to determine neurological deficits unexplained by a CT scan, to evaluate prolonged interval of disturbed consciousness, or to define evidence of acute changes superimposed on previous trauma or disease. In this case, there were no red flag indications for serious pathology. The medical necessity for a specialized imaging study has not been established. As such, the request is not medically appropriate.

PET (Positron Emission Tomography) of the Brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

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, PET (positron emission tomography).

Decision rationale: The Official Disability Guidelines state positron emission tomography (PET) is currently understudy. This functional brain imaging procedure reveals areas of decreased metabolism in the brain. It is not generally accepted as a diagnostic study and should not be used solely to diagnosis the presence of a TBI. In this case, there were no red flag indications for serious pathology noted. The medical necessity for a specialized imaging study has not been established. Based on the Official Disability Guidelines and the clinical documentation received, the request is not medically appropriate at this time.