

Case Number:	CM15-0132031		
Date Assigned:	07/20/2015	Date of Injury:	07/03/2014
Decision Date:	08/17/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/08/2015

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: Emergency 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:

This 46 year old man sustained an industrial injury on 7/3/2014 after a slip and fall injury that included twisting and hitting his head. The worker received immediate medical attention and suffered a seizure. Evaluations include an undated thoracolumbar MRI, undated electromyogram, and an electroencephalogram in January or February 2015. Diagnoses include thoracic and lumbar spine fractures; single seizure with subtle left hemiparesis, footdrop, and weakness; and cognitive and organizational impairment with a questionable right parietal temple brain injury and possible contusion. Treatment has included oral medications, use of a cane or walker, and back and left foot braces. Physician notes from a QME evaluation dated 6/9/2015 show complaints of constant bilateral forehead headaches and lapses in memory and attention including confusion. Recommendations include sleep deprived electroencephalogram and neuropsychometric testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychometric testing/sleep deprived 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 (Neurofeedback).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, (trauma, headaches, etc., not including stress & mental disorders), EEG (neurofeedback).

Decision rationale: The requested Neuropsychometric testing/sleep deprived electroencephalogram, is not medically necessary. CA MTUS is silent. Official Disability Guidelines (ODG), Head, (trauma, headaches, etc., not including stress & mental disorders), EEG (neurofeedback), note "If there is failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation." The injured worker has constant bilateral forehead headaches and lapses in memory and attention including confusion. The treating physician has not documented a failure to improve or additional clinical deterioration. The criteria noted above not having been met, Neuropsychometric testing/sleep deprived electroencephalogram is not medically necessary.