MAXIMUS Federal Services

Case Number:	CM15-0137107		
Date Assigned:	07/27/2015	Date of Injury:	07/22/2005
Decision Date:	08/26/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/15/2015

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:

The injured worker is a 52 year old who sustained an industrial injury on 07/22/2005. Mechanism of injury occurred when a pan fell and struck the patient's head while getting some condiments in the walk in. Diagnoses include traumatic brain injury with post traumatic headaches, cervical radiculopathy, and torticollis with chronic pain, and bilateral carpal tunnel syndrome status post decompression, and depression. She has a past medical history of cervical spondylosis with chronic pain and torticollis and depression with psychosis. Treatment to date has included medications. Her current medications include Tylenol with Codeine, Calcium, Motrin and Vitamin D3. She is not working. A physician progress note dated 06/10/2015 documents the injured worker complains of persisting wrist pain, neck and back pain. Right pupil was 3mm, and left pupil was 4mm. Ptosis was noted on the right. Mental status showed depressed affect, little conversation and answers to questions, and poor eye contact. She has headaches several times a week. She has persistent pain and sensory changes in her hands and arms. She has cervical spasm and pain to palpation of the paraspinous muscles and trapezius areas. She has pain to palpation of the wrists and neck. She had Tinel's over the median nerves at the wrists. Neurological examination showed torticollis. The treatment plan includes the use of Botox for the cervical pain, Paxil for depression, a psychiatrist consult for depression, a Magnetic Resonance Imaging of the cervical spine, and Lyrica. Treatment requested is for 72 hour ambulatory electroencephalography.

IMR ISSUES, DECISIONS AND RATIONALES

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

72 hour ambulatory electroencephalography: 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.

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 72 hour ambulatory electroencephalography, 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 persisting wrist pain, neck and back pain. Right pupil was 3mm, and left pupil was 4mm. Ptosis was noted on the right. Mental status showed depressed affect, little conversation and answers to questions, and poor eye contact. She has headaches several times a week. She has persistent pain and sensory changes in her hands and arms. She has cervical spasm and pain to palpation of the paraspinous muscles and trapezius areas. She has pain to palpation of the wrists and neck. She had Tinel's over the median nerves at the wrists. Neurological examination showed torticollis. The treating physician has not documented a failure to improve or additional clinical deterioration nor results of a standard EEG. The criteria noted above not having been met, 72 hour ambulatory electroencephalography is not medically necessary.