MAXIMUS Federal Services

Case Number:	CM15-0140206		
Date Assigned:	07/30/2015	Date of Injury:	11/23/2011
Decision Date:	09/02/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, 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 35 year old male, who sustained an industrial injury on 11/23/2011. Diagnoses have included memory loss, history of sleep apnea and history of chronic low back pain. Treatment to date has included magnetic resonance imaging (MRI) which was negative. Per the neurological evaluation dated 1/26/2015, the injured worker reported becoming increasingly forgetful. Physical exam revealed the injured worker's memory to be adequate for immediate, recent and remote events. According to the progress report dated 5/27/2015, the injured worker was noted to have subjective memory disorder. The patient has had MMSE score 29/30. The patient has had positive RPR in his blood. Laboratory testing was noted to be within normal limits. The injured worker indicated that he continued to have memory disorder and difficulty retaining new information in addition to having occasional difficulty expressing himself and sometimes searching for words. Authorization was requested for an electroencephalogram. Per the note dated 4/13/15 the physical examination revealed normal neurological examination. The patient has had history of syphilis. The medication lists include Buproprion, Motrin, Simvastatin and Advair. The patient has had MRI brain on 3/31/15 with normal findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Treatment in Workers' Compensation, Head, Electroencephalography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ChapterHead (updated 07/24/15) EEG (neurofeedback).

Decision rationale: Electroencephalogram - Per the ODG head guidelines, EEG is recommended "If there is failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation". The patient has had a MRI of the brain on 3/31/15 with normal findings. Per the note dated 4/13/15 the physical examination revealed normal neurological examination. Details regarding evidence of history of seizures since the date of injury are not specified in the records provided. Any evidence of traumatic brain injury or cerebrovascular accident was not specified in the records specified. The medical necessity of the request for Electroencephalogram is not fully established for this patient.