

<b>Case Number:</b>	CM15-0140948		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 injured worker is a 58 year old female who reported an industrial injury on 3-1-2013. Her diagnoses, and or impression, were noted to include: head trauma; post-traumatic head syndrome; post-traumatic headaches with chronic daily headache; post-traumatic ataxia; post-traumatic vestibulopathy; history of right knee and left shoulder dysfunction; and psychological factors affecting physical condition, and sleep disorder. The history notes a pre-existing hearing loss in the left ear. No current imaging studies were noted. Her treatments were noted to include vestibular training; balance therapy; a qualified medical evaluation examination; and rest from work. The progress notes of 6-16-2015 reported complaints of multiple ongoing problems with: balance, spatial identity, photo-sensitivity, daily headaches, constant neck pain, sleep disturbance, recalling information and short-term memory, depression, and right knee and left shoulder pain-problems. Objective findings were noted to include: morbid obesity; a broad-based and tremulous, slow gait with use of cane; wearing of dark glasses and hearing aid in the left ear; emotional lability; and decreased deep tendon reflexes in all extremities. The physician's requests for treatments were noted to include a digital electroencephalogram, due to the complexity of her complaints and problems.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Digital EEG (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 (ODG), Head Chapter, Indications for EEG.

**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 Digital EEG (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 multiple ongoing problems with: balance, spatial identity, photo-sensitivity, daily headaches, constant neck pain, sleep disturbance, recalling information and short-term memory, depression, and right knee and left shoulder pain- problems. Objective findings were noted to include: morbid obesity; a broad-based and tremulous, slow gait with use of cane; wearing of dark glasses and hearing aid in the left ear; emotional lability; and decreased deep tendon reflexes in all extremities. The treating physician has not documented a failure to improve or additional clinical deterioration. The criteria noted above not having been met, Digital EEG (electroencephalogram) is not medically necessary.