

Case Number:	CM15-0164077		
Date Assigned:	09/01/2015	Date of Injury:	06/21/2013
Decision Date:	10/05/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/21/2015

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: New Jersey, New York

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 was a 49 year old male, who sustained an industrial injury, June 22, 2013. The injury was sustained from a fall; the injured worker believed he was rendered unconscious. The injured worker previously received the following treatments Norco, Ibuprofen, Naproxen, Gabapentin, Omeprazole, brain MRI, EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities were normal, physical therapy, acupuncture, chiropractic services, injections, cervical spine x-rays, thoracic spine x-rays, nerve blocks, lumbar spine x-rays and cervical spine MRI on June 19, 2015. The injured worker was diagnosed with cervical spondylosis and disc herniation at C5-C6 and C6-C7 with radiculopathy to the upper extremities and with probable secondary cervical headaches, degenerative disc disease at L3-L4 and L4-L5 with associated facet joint hypertrophy resulting in axial back pain and post traumatic brain injury with contrecoup encephalopathy and small disc herniation at L4-L5. According to progress note of July 14, 2015, the injured worker's chief complaint was neurological perspective, memory, concentration and judgment. The injured worker forgot numbers in particular, however the injured worker left the car running for 6 hours, took a child to school and forgot the other child in the car. The injured worker reports ongoing headaches. The headaches were 4 or 5 times a week. There were two types, one came up in the back of the neck and the other was on the left side of the head. The pain was rated at 9 out of 10. The physical exam noted hesitation with speech. The injured worker became somewhat emotionally labile. The treatment plan included Botox therapy 100 units times 2, Neuropsychological evaluation

digital QEEG (computerized electroencephalogram electrodiagnostic studies) and cognitive P300 evoked response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox therapy 100 units x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25-26.

Decision rationale: The request is considered not medically necessary. The patient was diagnosed with cervical headaches. As per MTUS guidelines, botox is not recommended for migraine headaches, chronic neck pain, or myofascial pain. It is recommended for cervical dystonia and chronic low back pain in conjunction with a functional restoration program, both of which the patient was not diagnosed with. Therefore, the request is considered not medically necessary.

Neuropsychological evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neuropsychological testing--Head.

Decision rationale: The request is considered not medically necessary. While a neuropsychological evaluation is warranted with the patient's history, the patient has already had one without documented results. It is unclear why another evaluation is required. Therefore, the request is considered not medically necessary.

Digital QEE and cognitive P300 evoked response: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) QEEG (brain mapping)--Head.

Decision rationale: The request is considered not medically necessary. MTUS guidelines do not address the use of QEEG. According to ODG guidelines, the use of QEEG is redundant when an EEG has been done. The use of QEEG is investigational currently and is not usually covered. Therefore, the request is considered not medically necessary.

