

Case Number:	CM15-0167345		
Date Assigned:	09/08/2015	Date of Injury:	09/26/2014
Decision Date:	10/13/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/25/2015

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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 39 year old male with a date of injury on 9-26-2014. A review of the medical records indicates that the injured worker is undergoing treatment for blunt head trauma and post concussive symptoms, seizures, cervical spine sprain-strain with myofascitis, right shoulder post-operative adhesive capsulitis and stress, anxiety and depression. According to the neurological consultation dated 6-18-2015, the injured worker reported two episodes of loss of consciousness and possible seizure attacks on 12-3-2014. He reported that his seizures happened after he had a significant loss of sleep the night before due to pain in his right shoulder. He had also been taking Ultram for about a week prior to the seizures. He had complaints of numbness and tingling sensation in the right upper extremity, hand and fingers. He complained of headaches, dizziness with movement, fuzzy vision, buzzing in the left ear, sleep difficulty, anxiety, irritable mood and forgetfulness. He reported no recurrent attacks of seizure. The physical exam (6-18-2015) reveals no evidence of cognitive deficit. Per the progress report dated 7-24-2015, the injured worker reported thinking he had seizure activity the night prior and a few times in the last few months. Per the treating physician, the employee has not returned to work; he is temporarily totally disabled. Treatment has included magnetic resonance imaging (MRI), right shoulder surgery and medication. The request for authorization dated 7-30-2015 was for electroencephalogram, electromyography (EMG)-nerve conduction velocity (NCV) of the right upper extremity and second opinion consultation with a shoulder specialist. The original Utilization Review (UR) (8-6-2015) non-certified a request for an electroencephalogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

EEG: Overturned

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, EEG (neurofeedback).

Decision rationale: MTUS guidelines do not discuss EEG (electroencephalogram). ODG states that EEG (neurofeedback) is a well-established diagnostic procedure that monitors brain wave activity using scalp electrodes and provocative maneuvers such as hyperventilation and photic strobe. ODG recommends EEG if there is failure to improve or additional deterioration following initial assessment and stabilization. EEG is not indicated in the immediate period of emergency response, evaluation, and treatment. The medical documentation indicates the patient had possible seizures in December 2014. There was a wide variety of other neurological symptoms at that time, and although the patient has not had any seizures since that time, they have had a significant amount of other neurological symptoms and complaints. The treating physician states the EEG is necessary to rule out primary neurological disorder for the seizure vs. other factors (sleep and medication). Given this appears to be a key part of the differential diagnosis and rule out, a repeat study recommended by the specialist does appear to be appropriate. Therefore, I am overturning the prior utilization review, and the request for EEG (electroencephalogram), is medically necessary.