

<b>Case Number:</b>	CM15-0184150		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 22 year old male, who sustained an industrial injury on February 27, 2014, incurring injuries to the neck and head. He was diagnosed with a cerebral concussion, cephalgias, cervical radiculopathy, cervical sprain, and right shoulder sprain. Treatment included chiropractic sessions, acupuncture, and activity restrictions. Currently, the injured worker complained of persistent neck pain, dizziness, headaches and pain radiating to the base of the skull. He noted reduced range of motion to the cervical spine. He described a pressure like feeling in his head radiating down through his body. He noted difficulty with concentration, dizziness, irritability, lack of motivation and anxiety secondary to his head and neck injury. He was diagnosed with cognitive problems, emotional distress and sleep impairment secondary to the chronic traumatic head injury. The treatment plan that was requested for authorization included an occipital block injections, consultation and treatment and an Electroencephalogram. On September 19, 2015, a request for occipital block injections, consultation was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occipital block injection consultation & treatment: 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) Online Edition for Head, Greater occipital nerve block (GONB).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head, occipital nerve block.

**Decision rationale:** There is no documentation of focal tenderness over the occipital nerve or demonstrated trigger point with occipital ODG guidelines support occipital nerve block for patients with demonstrated focal tenderness over the occipital nerve. As this is not present, the medical records provider for review do not support this medication. The request is not medically necessary.

**Electroencephalogram (EEG), quantity: 1: 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) Online Edition, Head Chapter, 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) brain, EEG.

**Decision rationale:** The medical records provided for review do not indicate signs or symptoms in suspicion of a seizure disorder. There is no documented physical examination or description of stereotypical events consistent with seizure. ODG supports EEG for evaluation of suspected seizure disorder, alternation in consciousness. As such, EEG is not supported by the medical records for assessment or stabilization of the insured. The request is not medically necessary.