

Case Number:	CM15-0185864		
Date Assigned:	09/28/2015	Date of Injury:	02/27/2014
Decision Date:	11/23/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/21/2015

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: California

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:

The injured worker is a 62 year old male, who sustained an industrial injury on 2-27-15. The injured worker is diagnosed with post-concussion syndrome. He is not currently working. A note dated 8-18-15 reveals complaints of headaches, head, neck and right shoulder pain and weakness that radiates down his right arm. A note dated 8-11-15 reveals the injured worker presented with complaints of difficulty with short-term memory, focusing and concentrating. He reports daily headaches that rise from his neck described as pressure like and rated at 6-7 out of 10 (medications do not decrease his pain). The headaches will last for a few hours and then return the next day and are worse when his neck pain increases. He experiences blurred vision and at times double vision. He has ringing in his ears bilaterally as well as some hearing issues in his left ear. He feels off balance when walking. He reports difficulty falling and staying asleep. A note dated 7-7-15 reveals complaints of daily headaches, right shoulder pain and weakness as well as pain, numbness and tingling in his hands and wrists. He also reports neck, left foot and ankle pain. A physical examination dated 8-11-15 revealed asymmetrical light touch over his face, right greater than left, decreased hearing on the left, difficulty weight bearing on the left leg (he used a cane) and was unable to do tandem stance or gait. He had difficulty raising his right arm and scored 25 out of 30 on the mini-mental exam. An examination dated 7-7-15 reveals tenderness of the posterior cervical and bilateral trapezial musculature. Treatment to date has included medications, physical therapy, surgical intervention and psychotherapy. Diagnostic studies to date have included x-rays, MRI and electrodiagnostic studies. A request for authorization dated 8-18-15 for electroencephalogram, digital QEEG, collateral greater and

lesser occipital nerve blocks times 4 and trigger point injections to the cervical and trapezius areas times 8 is non-certified, per Utilization Review letter dated 8-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electroencephalogram (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 (ODG), 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: According to the Official Disability Guidelines, an EEG is not generally indicated in the immediate period of emergency response, evaluation, and treatment. Following initial assessment and stabilization, the individual's course should be monitored; however, an indication for EEG is if there is failure to improve or additional deterioration following initial assessment and stabilization. EEG may aid in diagnostic evaluation. This patient has failed to recover completely since the initial assessment. I am reversing the previous utilization decision. Electroencephalogram (EEG) is medically necessary.

Digital QEEG: 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, QEEG (brain mapping).

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), QEEG (brain mapping).

Decision rationale: According to the Official Disability Guidelines, QEEG is not recommended for diagnosing traumatic brain injury (TBI). Quantified Electroencephalography (QEEG) (Computerized EEG) is a modification of standard EEG using computerized analysis of statistical relationships between power, frequency, timing, and distribution of scalp recorded brain electrical activity. In moderate/severe TBI the results of QEEG are almost always redundant when traditional electroencephalographic, neurologic and radiologic evaluations have been obtained. Recent studies suggest that in the future QEEG may become a useful tool in the retrospective diagnosis of TBI and its severity, but this application remains investigational and is usually not covered. Digital QEEG is not medically necessary.

Collateral Greater and Lesser Occipital Nerve Blocks (x4): 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, 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) Greater occipital nerve block (GONB), Head, (trauma, headaches, etc., not including stress & mental disorders).

Decision rationale: Greater occipital nerve block (GONB) is under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration. The mechanism of action is not understood, nor is there a standardized method of the use of this modality for treatment of primary headaches. A recent study has shown that GONB is not effective for treatment of chronic tension headache. Collateral Greater and Lesser Occipital Nerve Blocks (x4) are not medically necessary.

Trigger Point Injections to the Cervical and Trapezius Areas (x8): Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The MTUS states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value and not recommended for radicular pain. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical neck and back pain. Trigger Point Injections to the Cervical and Trapezius Areas (x8) are not medically necessary.