

Case Number:	CM15-0195301		
Date Assigned:	10/09/2015	Date of Injury:	12/15/2014
Decision Date:	11/23/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/05/2015

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: Physical Medicine & Rehabilitation

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 51 year old male, who sustained an industrial injury on December 15, 2014, incurring head, neck, back and nervous system injuries. He noted tremors in his hand, migraines and ringing in his ears from the injuries. He was diagnosed with closed head trauma, cervical degenerative disc disease, cervical stenosis and cervicalgia. Treatment included anti-inflammatory drugs, muscle relaxants, proton pump inhibitor, diagnostic imaging, acupuncture, physiotherapy, work modifications and activity restrictions. Currently, the injured worker continued to have neck and cervical pain rated 9 out of 10 on a pain scale from 0 to 10 without medications and 7 out of 10 with medications. He had increased numbness and weakness and sensory loss in the neck and left upper extremity. He complained of persistent mid back pain rated 8 to 9 out of 10. The injured worker continued with hand tremors, headaches, tinnitus, and vertigo and hearing loss. The treatment plan that was requested for authorization on October 5, 2015, included an EEG. On September 21, 2015, a request for an EEG was non-approved by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electroencephalography (EEG): 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).

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) Chapter under EEG.

Decision rationale: The patient was injured on 12/15/14 and presents with neck pain and mid back pain. The request is for an electroencephalography (EEG) to evaluate any epileptiform discharges due to his near syncope episodes. The RFA is dated. The utilization review letter did not provide a denial rationale. The RFA is dated 08/11/15 and the patient is temporarily partially disabled. ODG-TWC, Head (trauma, headaches, etc., not including stress & mental disorders) Chapter under EEG (neurofeedback) states: "Recommended as indicated below. EEG (electroencephalography) is a well-established diagnostic procedure that monitors brain wave activity using scalp electrodes and provocative maneuvers such as hyperventilation and photic strobe. Information generated includes alterations in brain wave activity such as frequency changes (nonspecific) or morphologic (seizures). 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. Indications for EEG: If there is failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation.(Colorado, 2005)" The patient is diagnosed with closed head injury with post-concussion symptoms, sensor neuro hearing loss, subjective tinnitus, peripheral vertigo, cervical degenerative disc disease, cervical stenosis, and cervicgia. However, he does not present with any remarkable neurologic symptoms, or red flags. The treater does not discuss "failure to improve or additional deterioration following initial assessment and stabilization," to support the request other than vertigo, loss of hearing, and tinnitus. In this case, the patient does not meet guideline requirements for EEG (electroencephalography). Therefore, the request is not medically necessary.