

Case Number:	CM15-0199233		
Date Assigned:	10/19/2015	Date of Injury:	01/12/2015
Decision Date:	11/25/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/09/2015

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: Internal 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 male, who sustained an industrial injury on 1-12-15. The injured worker is being treated for post-concussion syndrome and rotator cuff injury. On 8-13-15, the injured worker complains of difficulty concentrating and focusing and on 10-14-15 he complained of pain in right shoulder and he notes he has not had any staring spells or lapses of consciousness since discontinuing Keppra. He is temporarily totally disabled. Physical exam performed on 8-13-15 did not reveal any abnormal involuntary movements or observed nystagmus and he turns to his wife for information and on 10-14-15 speech is fluent, elevation of right arm produces pain at acromioclavicular joint and his ability to understand appears to be compromised.(MRI) magnetic resonance imaging of brain performed in 2-2015 revealed multiple areas of damage to the brain likely cystic areas and lacunas. Treatment to date has included oral medications including Keppra 500mg two times per day. The treatment plan included EEG at the time of discontinued weaning of Keppra.

IMR ISSUES, DECISIONS AND RATIONALES

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

EEG with three hours of record review: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 2233 and version16.0.

Decision rationale: EEG is important in evaluating a patient with possible epilepsy, providing evidence that confirms or refutes that diagnosis, and in classifying the underlying epileptic syndrome and helping to guide therapy and management. Lateralized periodic discharges are usually seen in the setting of acute, relatively large cerebral injury, such as stroke, encephalitis, or rapidly cerebral malignancies. Acute symptomatic seizures are common in patients with lateralized periodic discharges. Generalized or focal slowing on EEG is nonspecific and does not suggest epilepsy. Our patient had seizure activity controlled by the keppra. However, side effects were noted and the neurology consult wanted to titrate down the keppra slowly in order to give the patient a trial without the medicine and monitor for any recurrence of seizure activity. The doctor wanted to do an EEG at the time of discontinuation of the keppra. This would aid in the management of the patient in order to understand if the seizure activity reoccurred after the keppra was discontinued. This information would be important in managing the patient and to be better able to deal with any exacerbation. The UR decision is overturned. Therefore the request is medically necessary.