

Case Number:	CM15-0208694		
Date Assigned:	10/27/2015	Date of Injury:	09/23/2013
Decision Date:	12/09/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 was a 62 year old male, who sustained an industrial injury, September 23, 2013. The injured worker was undergoing treatment for headaches, spinal fusion, posttraumatic head syndrome, posttraumatic headaches, disorder of sleep and arousal, posttraumatic ataxia and psychological factors affecting the physical condition. According to progress note of October 5, 2015, the injured worker's chief complaint was intermittent ringing in the ears, headaches primarily in the frontal area of the right side. The headaches were 8-9 out of 10 in intensity. The headaches were lasting a day. The headaches occur 2-3 times a week. The injured worker was having sleeping problems, trouble focusing, concentration and memory. The injured worker was still falling on two occasions spontaneously. The injured worker was walking with a cane for stability. The physical exam noted reflexes were 1 and symmetrical in the arm and legs. Hearing was equal. Vision fields were normal. Pupils were symmetrical. Light touch was equal over the face. The injured worker previously received the following treatments left shoulder rotator cuff repair, physical therapy, and aquatic therapy, Gabapentin, Norco, Flexeril, Zoloft, Protonix and Amitriptyline. The RFA (request for authorization) dated October 5, 2005; the following treatments were requested EEG (electroencephalogram electrodiagnostic studies), digital QEEG (computerized electroencephalogram electrodiagnostic studies) and cognitive P300 evoked response. The UR (utilization review board) denied certification on October 15, 2015, for an EEG (electroencephalogram electrodiagnostic studies), digital QEEG (computerized electroencephalogram electrodiagnostic studies) and cognitive P300 evoked response.

IMR ISSUES, DECISIONS AND RATIONALES

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

EEG (Electroencephalogram): 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 - 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 (trauma, headaches, etc., not including stress & mental disorders), Electrodiagnostic studies.

Decision rationale: The claimant sustained a work injury in September 2013 when he was struck as a pedestrian by a truck while crossing the street to access a shuttle van. He sustained multiple abrasions and lacerations. There was no loss of consciousness per the initial evaluation in the Emergency Room and his workup was negative. When seen in October 2015 he was having intermittent ringing in the ears, headaches, difficulty sleeping, cognitive difficulties, decreased balance, and episodes of jerking movements of the hand when writing. He had a history of three spine surgeries, bilateral shoulder surgeries, trigger finger surgeries, and dental procedures. Physical examination findings included an inability to perform tandem stance of gait with an otherwise normal examination. An EEG, digital QEEG, and P300 evoked potential response were requested. Indications for evoked potential responses (EP) in a patient after traumatic brain injury are to determine an individual's more specific level of neurologic functioning after a moderate to severe injury. In this case, the claimant did not sustained a moderate or severe traumatic brain injury and the request is not 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: The claimant sustained a work injury in September 2013 when he was struck as a pedestrian by a truck while crossing the street to access a shuttle van. He sustained multiple abrasions and lacerations. There was no loss of consciousness per the initial evaluation in the Emergency Room and his workup was negative. When seen in October 2015 he was having intermittent ringing in the ears, headaches, difficulty sleeping, cognitive difficulties, decreased balance, and episodes of jerking movements of the hand when writing. He had a history of three spine surgeries, bilateral shoulder surgeries, trigger finger surgeries, and dental procedures. Physical examination findings included an inability to perform tandem stance of gait with an otherwise normal examination. An EEG, digital QEEG, and P300 evoked potential

response were requested. QEEG (brain mapping) is not recommended for diagnosing traumatic brain injury (TBI). The results of QEEG are almost always redundant when traditional electroencephalographic, neurologic and radiologic evaluations have been obtained. In this case, there are no findings by neurological examination or reported imaging that would indicate a need for this testing. It is not medically necessary.

Cognitive P300 Evoked Response: 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 - Electrodiagnostic studies.

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), Electrodiagnostic studies.

Decision rationale: The claimant sustained a work injury in September 2013 when he was struck as a pedestrian by a truck while crossing the street to access a shuttle van. He sustained multiple abrasions and lacerations. There was no loss of consciousness per the initial evaluation in the Emergency Room and his workup was negative. When seen in October 2015 he was having intermittent ringing in the ears, headaches, difficulty sleeping, cognitive difficulties, decreased balance, and episodes of jerking movements of the hand when writing. He had a history of three spine surgeries, bilateral shoulder surgeries, trigger finger surgeries, and dental procedures. Physical examination findings included an inability to perform tandem stance of gait with an otherwise normal examination. An EEG, digital QEEG, and P300 evoked potential response were requested. Indications for evoked potential responses (EP) in a patient after traumatic brain injury are to determine an individual's more specific level of neurologic functioning after a moderate to severe injury. In this case, the claimant did not sustained a moderate or severe traumatic brain injury and the request is not medically necessary.