

Case Number:	CM15-0027694		
Date Assigned:	02/20/2015	Date of Injury:	02/23/1998
Decision Date:	04/06/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/13/2015

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 66 year old female, who sustained an industrial injury on 2/23/98. She has reported neck and low back pain. The diagnoses have included cervical radiculopathy, cervical stenosis, depression and anxiety. Treatment to date has included physical therapy x 12 sessions, acupuncture and aquatic therapy, epidural injections and oral medications. As of the PR2 dated 12/17/14, the injured worker reports pain in the neck and low back and discomfort affecting the upper extremities. The treating physician requested a brain MRI and EEG/digital QEEG/cognitive P300 evoked response. On 1/29/15 Utilization Review non-certified a request for a brain MRI and EEG/digital QEEG/cognitive P300 evoked response. The utilization review physician cited the ODG guidelines and Aetna's clinical policy bulletin on evoked potential studies. On 2/6/15, the injured worker submitted an application for IMR for review of a brain MRI and EEG/digital QEEG/cognitive P300 evoked response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brain MRI: 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 Chapter MRI (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, brain MRI.

Decision rationale: ODG supports that Neuroimaging is not recommended in patients who sustained a concussion/mild TBI beyond the emergency phase (72 hours post-injury) except if the condition deteriorates or red flags are noted. There are no reported neurologic abnormalities in regard to condition. Without reported neurologic symptoms or demonstrated objective findings on examination, there is no medical necessity supported for MRI of the brain.

EEG/digital QEEG/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 Chapter EEG (Neurofeedback) QEEG (brain mapping) and http://www.aetna.com/cpb/medical/data/100_199/0181.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, brain, Q-EEG.

Decision rationale: There are no reported neurologic abnormalities in regard to condition. Without reported neurologic symptoms or demonstrated objective findings on examination, there is no medical necessity supported for Q-EEG per the guidelines. The request is not medically necessary.