

<b>Case Number:</b>	CM15-0214237		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	09/06/2015
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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 25 year old female who sustained an industrial injury on 09-06-2015. According to a report dated 09-18-2015, the injured worker had developed a change in her sleep wake cycle described as a delayed sleep response phase syndrome. She also reported heightened hearing sensitivity and intermittent vestibular balance problems. Current problem list included post-concussion syndrome. Gait was intact. Station and posture was normal. Romberg was negative. Deep tendon reflexes were normal and symmetrical. Mental status was noted as intact to casual conversation. There were no difficulties with commands. Normal speech and cognition was noted. Cranial nerves II-XII were intact. There was no evidence of nystagmus. The treatment plan included EEG, QEEG and BNA evaluation and Melatonin. Treatments were as follows: ordered physical therapy specifically vestibular therapy (recently underwent HIT) and early morning light therapy. Referrals included neuropsychological testing-consultation. On 09-30-2015, the provider requested authorization for EEG-BNA, QEEG-Neurofeedback, vestibular therapy, neuropsychological consult and testing and Melatonin. On 10-07-2015, Utilization Review non-certified the request for electroencephalography-Brain Network Activation and Quantitative Electroencephalography-Neurofeedback.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Electroencephalography/Brain Network Activation: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, Electroencephalography (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) Chapter under EEG.

**Decision rationale:** The patient was injured on 09/06/15 and presents with headaches and is post-concussion. The request is for an electroencephalography/brain network activation. The RFA is dated 09/30/15 and the patient's current work status is not provided. 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 post-concussion syndrome, has heightened hearing sensitivity, and intermittent vestibular balance problems. Given the patient's intermittent vestibular problems, the request appears reasonable. Therefore, the request IS medically necessary.

### **Quantitative Electroencephalography/Neurofeedback: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Electroencephalography (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) Chapter under EEG.

**Decision rationale:** The patient was injured on 09/06/15 and presents with headaches and is post-concussion. The request is for a quantitative electroencephalography/ neurofeedback. The RFA is dated 09/30/15 and the patient's current work status is not provided. 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 post-concussion syndrome, has heightened hearing sensitivity, and intermittent vestibular balance problems. Given the patient's intermittent vestibular problems, the request appears reasonable. Therefore, the request IS medically necessary.