

Case Number:	CM15-0218137		
Date Assigned:	11/10/2015	Date of Injury:	04/28/2015
Decision Date:	12/24/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/05/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 59 year old female with a date of injury on 04-28-2015. The injured worker is undergoing treatment for head trauma, post traumatic head syndrome, post traumatic headaches, disorder of sleep and arousal secondary to nonrestorative sleep, intermittent tremor-likely anxiety, and orthopedic injuries. A physician progress note dated 09-30-2015 documents the injured worker complains of daily headaches, nausea, and neck pain. She has lightheadedness and difficulties with memory. When the headaches are intense she gets blurry vision. She has sleep problems. She has hand tremors. She has tenderness over her scalp. She has full cervical range of motion but there is guarding of her neck. She is not working. Treatment to date has included diagnostic studies, medications, physical therapy, and use of a Transcutaneous Electrical Nerve Stimulation unit. Current medications include Anaprox and Prilosec. A Magnetic Resonance Imaging of the cervical spine done on 05-23-2015 revealed a 1- 2mm focal central disc protrusion throughout the cervical spine. A head computed tomography done on 04-20-2015 revealed a small left posterior parietal cephalohematoma. No evidence of intracranial hemorrhage or mass effect. The Request for Authorization dated 09-30-2015 includes Cognitive P300 evoked response and Digital QEEG (Quantified Electroencephalography), and Electroencephalogram. On 10-27-2015 Utilization Review non-certified the request for Cognitive P300 evoked response and Digital QEEG (Quantified Electroencephalography).

IMR ISSUES, DECISIONS AND RATIONALES

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

Digital QEEG (Quantified Electroencephalography): 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: QEEG (brain mapping).

Decision rationale: QEEG (brain mapping) is not recommended for diagnosing traumatic brain injury (TBI). Quantified Electroencephalography (QEEG) (Computerized EEG) is a modification of standard EEG using computerized analysis of statistical relationships between power, frequency, timing, and distribution of scalp recorded brain electrical activity. In moderate/severe TBI the results of QEEG are almost always redundant when traditional electroencephalographic, neurologic and radiologic evaluations have been obtained. Recent studies suggest that in the future QEEG may become a useful tool in the retrospective diagnosis of TBI and its severity, but this application remains investigational and is usually not covered. In this case there is documentation of complaints of loss of concentration and memory. QEEG is not recommended. The request 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) Neck and Upper Back: Evoked potential studies.

Decision rationale: Evoked potential studies are recommended as a diagnostic option for unexplained myelopathy and/or in unconscious spinal cord injury patients. Not recommended for radiculopathies and peripheral nerve lesions where standard nerve conduction velocity studies are diagnostic. Evoked potentials are the electrical signals generated by the nervous system in response to sensory stimuli. Somatosensory evoked potentials (SSEPs) are used for clinical diagnosis in patients with neurologic disease for prognostication in comatose patients. In this case there is no documentation of spinal cord injury or vegetative state. Medical necessity has not been established. The request is not medically necessary.