

Case Number:	CM15-0221492		
Date Assigned:	11/17/2015	Date of Injury:	03/09/2015
Decision Date:	12/30/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/10/2015

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, Hawaii

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 28 year old male, who sustained an industrial injury on 3-9-2015. A review of the medical records indicates that the injured worker is undergoing treatment for a head injury, depression, lumbosacral neuritis, cervical radiculitis, cervical spondylosis, seizures, and post-traumatic stress disorder. On 10-28-2015, the injured worker reported frontal headaches with associated photophobia and nausea, lower back pain with radiation of pain into the right leg L5 distribution with new onset of occasional right upper quadrant sharp pain. The Treating Physician's report dated 10-28-2015, noted that since the injured worker had been on the Depakote he had not had a seizure with the medication giving him 99% relief. The injured worker's current medications were noted to include Norco, Amitriptyline, Depakote, Cyclobenzaprine, Cymbalta, and Naproxen Sodium. The physical examination was noted to show no memory deficits with tenderness to palpation over the right upper cervical facets, right mid cervical facets, right lower cervical facets, and right trapezius spasm. Prior treatments and evaluations have included lumbar support, heat, physical therapy, and an electroencephalogram (EEG) on 7-6-2015 noted to be a normal study. The treatment plan was noted to include continued current medication, ice and moist heat for pain control, a nerve root block, lumbar epidural steroid injection (ESI), increase of Elavil, and Botox for migraines. The injured worker's work status was noted to be not currently working. The request for authorization was noted to have requested a right LESI L4-L5 and an EEG. The Utilization Review (UR) dated 11-5-2015, noted the request for a right LESI L4-L5 was a duplicate of treatment approved on 11-3-2015, and denied the request for an EEG.

IMR ISSUES, DECISIONS AND RATIONALES

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

EEG: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter, Electro-encephalography (EEG).

Decision rationale: The patient presents with recent complaints of neck pain, back pain and right arm pain and a diagnosis of myospasms. The current request is for EEG. The treating physician states in the treating report dated 11/2/15 (198C), needs EEG. MTUS and ACOEM are silent regarding Electro-encephalography (EEG). ODG 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." ODG goes on to define the indications for EEG as: If there is failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation. In this case, the clinical history notes the patient on 7/8/15 had a normal EEG. However, shortly thereafter the documentation notes the patient had a seizure and the treating physician then made a request for a 40-hour ambulatory EEG monitoring (228B). In the treating report dated 10/28/15 (161C), the treating physician notes, since he has been taking the Depakote on a regular basis he has not had a seizure in over a month. The medication so far is giving him 99% relief. Thus, the patient's condition appears to have stabilized and thus the current request is not consistent with MTUS Guidelines. The current request is not medically necessary.