

Case Number:	CM15-0051596		
Date Assigned:	03/25/2015	Date of Injury:	02/01/2011
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/19/2015

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: Internal 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 31 year old male injured worker suffered an industrial injury on 02/01/2011. The diagnoses included traumatic brain injury, anxiety, muscle spasm, dental injury myofascial pain. The diagnostics included neuropsychological evaluation. The injured worker had been treated with medications. On 2/4/2015 the treating provider reported moderate to severe depression, feelings of persecution, significant irritability and paranoia. The treatment plan included Consult with a psychiatrist and Neurological evaluation with EEG and NeuroQuant MRI of the brain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurological evaluation with EEG and NeuroQuant MRI of the brain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 48. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines fMRI (functional magnetic resonance imaging) Page 48. Functional imaging of brain responses to pain Page 48. Functional MRI Page 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc.) QEEG (brain mapping) EEG (neurofeedback).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that functional imaging of brain responses to pain is not recommended. Functional neuroimaging does not have a role in the evaluation or treatment of patients. Functional MRI is not recommended. There are no studies about the use of functional MRI in a clinical setting. Official Disability Guidelines (ODG) indicates that EEG is not generally indicated in the immediate period of emergency response, evaluation, and treatment. Quantified electroencephalography QEEG (brain mapping) is not recommended for diagnosing traumatic brain injury (TBI). The psychologist report dated 2/4/15 documented a history of traumatic brain injury. Neurological evaluation with EEG and NeuroQuant MRI of the brain to rule out any potential ictal activity which may be manifesting as intense fear, paranoia, intense anger, and hyper-religiosity was requested. No physical examination was documented in the 2/4/15 psychologist report. No clinical practice guidelines support the use of NeuroQuant MRI for traumatic brain injury. Clinical practice guidelines do not support the request for a neurological evaluation with EEG and NeuroQuant MRI of the brain to rule out any potential ictal activity which may be manifesting as intense fear, paranoia, intense anger, and hyper-religiosity was requested. Therefore, the request for neurological evaluation with EEG and NeuroQuant MRI of the brain is not medically necessary.