

Case Number:	CM15-0055005		
Date Assigned:	03/30/2015	Date of Injury:	08/19/2014
Decision Date:	05/04/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/23/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 48 year old male with an industrial injury dated 08/19/2014. His assessment/diagnoses included scapular fracture, rule out cervical facet syndrome and concussion. Prior treatment included physical therapy, diagnostics and medications. He presents on 02/17/2015 for neurological and pain consultation. Physical exam revealed moderate tenderness over the left scapular area. There was full, painless range of motion of the neck. The treating physician documents the injured worker has had no brain evaluation and recommended EEG to assess for any evidence of network dysfunction from head injury. Ultrasound of the cervical spine was also requested.

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) - EEG following head injury.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.uptodate.com/>; Electroencephalography (eeg).

Decision rationale: UP TO DATE states concerning EEGs "SUMMARY AND RECOMMENDATIONS" Electroencephalography (EEG) remains an important diagnostic test in evaluating a patient with possible epilepsy, providing evidence that helps confirm or refute the diagnosis. EEG also assists in classifying the underlying epileptic syndrome and thereby guides management. During a routine EEG, electrical activity is recorded from many different standard sites on the scalp according to the international (10 to 20) electrode placement system (figure 1). In the normal awake adult with eyes closed, there is a prominent alpha rhythm observed in the posterior part of the head. This rhythm gradually disappears with drowsiness. (See 'Routine EEG technique' above.) "A single routine EEG has low sensitivity for detection of interictal epileptiform discharges (IED) (20 to 50 percent) for patients with epilepsy. The sensitivity can be increased by repeating the study, recording for a longer period of time (such as overnight), including a recording of sleep (spontaneous, after sleep deprivation, or via administration of a sedative), performing the EEG within 24 hours of a seizure, and by using special electrodes for temporal lobe epilepsy. (See 'Sensitivity' above and 'Specialized techniques' above.) A normal EEG, however, can never rule out epilepsy; 10 to 20 percent of patients with definite epilepsy never have IEDs. Overall, the specificity of IEDs for epilepsy is high, more than 90 percent in adults. However, inexperienced EEG interpreters can mistake artifact or benign EEG patterns for IEDs, lowering the specificity of the study. The specificity of this finding is also influenced by the pattern of IEDs, and by the patient's age, family history, and comorbid conditions. (See 'Specificity' above and 'Pitfalls in interpretation' above.) Lateralized periodic discharges (LPDs; previously known as periodic lateralized epileptiform discharges [PLEDs]) are usually seen in the setting of acute, relatively large cerebral injury, such as stroke, encephalitis, or rapidly growing cerebral malignancies. Acute symptomatic seizures are common in patients with LPDs. (See 'Lateralized periodic discharges' above.) "Generalized or focal slowing on EEG is nonspecific and does not suggest epilepsy. One exception is the pattern of temporally-located intermittent rhythmic delta activity (TIRDA), which is highly associated with temporal lobe epilepsy. (See 'Slowing')." The treating physician has not provided documentation of ongoing neurological symptoms that would warrant this type of testing and meet the above guidelines at this time. As such, the request for EEG is not medically necessary at this time.

Ultrasound left cervical spine and parascapular area: 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) Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ultrasound, diagnostic (imaging) and Therapeutic.

Decision rationale: ODG states for a diagnostic ultrasound "Not recommended. In uncomplicated back pain its use would be experimental at best. See the Low Back Chapter. According to this case series, in patients receiving steroid injections for lower cervical radicular pain, the ultrasound guided selective cervical nerve root blocks were as effective as the fluoroscopy guided transforaminal blocks in pain relief and functional improvements, in addition to the absence of radiation from real-time imaging. (Park, 2013)." ODG states that therapeutic Ultrasound is "Under study." The medical documentation provided indicate this

patient has normal cervical and left shoulder range of motion. The treating physician has not provided documentation of the rationale behind ordering this test. As such, the request for Ultrasound left cervical spine and parascapular area is not medically necessary.