

Case Number:	CM15-0081728		
Date Assigned:	05/04/2015	Date of Injury:	04/08/2014
Decision Date:	06/05/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/28/2015

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
Certification(s)/Specialty: Neurological Surgery

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 52 year old male, who sustained an industrial injury on 4/6/14. The injured worker has complaints of headaches and trouble sleeping, having strange dreams and hands become shaky at times. The diagnoses have included head concussion with cognitive impairment; headache; dizziness and posttraumatic stress disorder. Treatment to date has included clonazepam; fioricet and meclizine. The request was for electroencephalography (EEG) with Brain Network Activation (BNA).

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrocnephalography (EEG) with BNA: 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 EEG (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 Chapter-EEG.

Decision rationale: The ODG guidelines indicate EEG is recommended if there is additional deterioration following initial assessment and stabilization. The documentation does not provide evidence of such deterioration. The psychological testing showed evidence of possible manipulation and exaggeration. The requested treatment: Electroencephalography (EEG) with BNA is NOT medically necessary and appropriate.