

<b>Case Number:</b>	CM15-0082646		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 48-year-old male, who sustained an industrial injury on 05/07/2013. He has reported injury to the head, neck, shoulders, and back. The diagnoses have included head trauma with history of loss of consciousness; post-traumatic head syndrome; post-traumatic chronic migraine headaches; and cervical spasm with cervical disc disease. Treatment to date has included medications, diagnostics, acupuncture, chiropractic, aquatic therapy, and physical therapy. Medications have included Ultram ER, Naproxen, Cyclobenzaprine, Omeprazole, Ambien, Midrin, and compounded transdermal cream. A progress note from the treating physician, dated 02/02/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of diffuse headaches primarily over the temporal and frontal areas, and are located around and behind the eyes; ongoing neck pain; and trouble with focusing, concentration, and short-term memory. Objective findings included decreased light touch over the right side of his face; decreased hearing to the right ear; neck was guarded; and ambulated slowly with the use of a cane. The treatment plan has included the request for a quantitative electroencephalogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Quantitative electroencephalogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, American Academy of Neurology Consensus Statement.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head, QEEG (brain mapping).

**Decision rationale:** The patient presents with headaches over the temporal and frontal areas and ongoing neck pain. The patient has trouble with focusing and concentration and short-term memory. The current request is for a quantitative electroencephalogram. The treating physician states on 2/2/15 (58B) "because of his cognitive difficulties, difficulty focusing and concentration as well as the chronic daily headaches with migraine component, I am requesting authorization for EEG/Digital QEEG". The physician continues "The reason for obtaining the testing is to determine if there is organic posttraumatic head syndrome with cognitive and memory impairment". MTUS and ACOEM are silent regarding quantitative electroencephalogram. ODG states the following for QEEG (brain mapping): 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 usually 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, the treating physician has also requested an EEG, which is indicated when there is failure to improve or additional deterioration following initial assessment and stabilization. There is no documentation provided to indicate if the EEG was authorized or performed. The potential results of a QEEG are superfluous to the EEG results and are not supported by ODG. The current request is not medically necessary and the recommendation is for denial.