

<b>Case Number:</b>	CM15-0083055		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	12/03/2014
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 62 year old male sustained an industrial injury to the head with loss of consciousness for five to seven minutes on 12/3/14. The injured worker subsequently developed back, neck and right shoulder pain. Previous treatment included magnetic resonance imaging, physical therapy, transcutaneous electrical nerve stimulator unit and medications. Magnetic resonance imaging of the brain (12/19/14) was normal. In a general neurology new patient consultation dated 3/3/15, the injured worker complained of daily headaches since the accident with persistent flashing in the eyes, blurry vision and nausea, loss of interest, right shoulder pain, flank pain and low back pain. The injured worker reported one event of nocturnal tongue biting that occurred one month ago. The injured worker also reported that he had become lost outside in his neighborhood but was ultimately able to orient himself and find his way home. Physical exam was remarkable for palpable skull sutures, pupils unequal, round and reactive to light and accommodation, decreased temporal pulses and cervical spine with tenderness to palpation to the paraspinal musculature and trapezius. The injured worker was alert, oriented, and conversant without slurred speech, good eye contact and normal thought process. Mini mental exam score was 9/29. Current diagnoses included history of carpal tunnel syndrome versus pedestrian accident, diffuse body pain with headaches and right sided hemi-sensory-motor loss, lumbar spine spondylosis, abnormal bedside mental status exam, non-physiological exam and closed head injury with loss of consciousness. The physician noted that review of medical records and physical exam indicated that the injured worker had no physically disabling injuries from the industrial accident. The physician stated that he was of the opinion that the injured worker was exquisitely

intent on convincing his treating physicians and employer that something catastrophic did happen. The physician stated that given the data and the injured worker's present mental status, further evaluation should be performed. The treatment plan included electroencephalogram, neuropsychiatric testing and laboratory studies. The physician stated that in the meantime, the injured worker should not be operating any motorized vehicle or carrying any type of weapon.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EEG (electroencephalography):** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head(trauma, headaches, etc., not including stress & mental disorders), <http://www.worklossdatainstitute.verioiponly.com/odgtwc/head.htm>.

**Decision rationale:** According to ODG guidelines, "Electroencephalography (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. If during this period there is failure to improve, or the medical condition deteriorates, an EEG may be indicated to assist in the diagnostic evaluation." In this case, there is no clear documentation that the patient failed to improve or that he has additional deterioration following his initial assessment. Therefore, the prescription of EEG is not medically necessary.