

Case Number:	CM14-0145372		
Date Assigned:	09/12/2014	Date of Injury:	11/07/2013
Decision Date:	10/14/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

A medical report dated 8/25/14 indicates the MRI of 5/23/14 was a negative examination of the head and internal auditory canals. The injured worker reports trauma to the left posterior vertex region with post traumatic head syndrome. The symptoms described include intermittent headaches, disequilibrium, fuzzy vision, buzzing and humming sensations, noises in the ears, and mood swings with memory problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electroencephalography (EEG) and report: 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 Chapter, Indications for Imaging - MRI (Magnetic Resonance Imaging) / CT (Computed Tomography) / 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) Brain, EEG

Decision rationale: The medical records provided for review do not indicate signs or symptoms that would lead to a suspicion of a seizure disorder. There is no documented physical examination or description of stereotypical events consistent with seizure. There is no indication

of brain injury evident in the reported MRI. As such, an EEG is not supported by the medical records as being medically necessary for the assessment or stabilization of the injured worker.