

Case Number:	CM14-0149161		
Date Assigned:	09/18/2014	Date of Injury:	01/21/2012
Decision Date:	11/10/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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 Internal Medicine, Pulmonary Disease and is licensed to practice in California. 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:

The injured worker is a 27-year-old male who reported an injury on 01/21/2012 while walking back to the office in the rain he slipped on the pavement, falling to the ground, primarily on his right side with his legs underneath him (in which he described Indian style position), trapping his legs beneath him and causing immediate pain to the right knee. Additionally, the injured worker had right leg, back, and right shoulder pain. Prior treatments included physical therapy and medication. Examination of the knees with respect to the right knee revealed the amount of change in his ability to perform his activities of daily living is within normal limits. The examination dated 05/02/2014 of the lumbar spine revealed pain to the lower back radiating to the right leg, no numbness, tingling, or weakness to the right leg. The treatment plan included electroencephalography (EEG). The request for authorization dated 09/18/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electroencephalography (EEG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, EEG (neurofeedback)

Decision rationale: The Official Disability Guidelines indicate that electroencephalography is recommended as a well-established diagnostic procedure that monitors brain wave activity using scalp electrodes and provocative maneuvers as hypoventilation and optic strokes. Information generated includes alterations in the brain wave activity such as frequency changes, morphologic seizures. EEG is not generally indicated in the immediate period of emergent response, evaluation and treatment. Following initial assessment and stabilization, the individual's course should be monitored. Indication for an EEG, if there is failure to respond or additional deterioration following initial assessment and stabilization, EEG may aid in a diagnostic evaluation. The clinical notes did not indicate that the injured worker was having any signs or symptoms that would warrant the need for an EEG, no complaints of dizziness, headaches, any type of deterioration. As such, the request is not medically necessary.