

Case Number:	CM14-0165903		
Date Assigned:	10/13/2014	Date of Injury:	07/24/1997
Decision Date:	11/12/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/08/2014

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 Family Medicine 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:

This is a 68-year-old male claimant sustained a work injury on July 24, 1997 involving the head, neck, back and right upper extremity. He was diagnosed with organic brain disorder, chronic pain syndrome, cervical strain and lumbar radiculopathy. He had undergone psychiatric treatment, physical therapy and neuropsychological evaluations. The claimant has ongoing seizure problems with difficulty searching for words due to his head injury. He had been on Dilantin 200 mg twice a day. On August 19, 2014 a request was made for an ambulatory EEG as well as Dilantin blood levels. He had previously undergone an EEG which was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

One 72-hour ambulatory Electroencephalogram (EEG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Electroencephalography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head injury

Decision rationale: According to the ODG guidelines, EEG (electroencephalography) is a well-established diagnostic procedure that monitors brain wave activity using scalp electrodes and

provocative maneuvers such as hyperventilation and photic strobe. Indications for EEG: If there is failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation. In this case there was a normal EEG previously. Stabilization of initial symptoms is not known. Once they're stabilized and if there is any further deterioration or lack of improvement then an additional EEG may be appropriate. In this case, the request for one 72-hour ambulatory Electroencephalogram (EEG) is not medically necessary and appropriate.

Dilantin blood level #1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines for drug levels and AAFP "Anti-epileptic Drug Monitoring- Aug 2008

Decision rationale: The ACOEM, ODG and MTUS guidelines do not comment on drug levels. The Commission on Antiepileptic Drugs of the International League against Epilepsy does not support indiscriminate use of antiepileptic drug level determinations. Also, monitoring drug level is reasonable when drugs with zero order (nonlinear) kinetics (e.g., phenytoin / Dilantin) are not effective and the dosage is increased, or in patients with an abnormal ratio of total to free drug levels (e.g., pregnant women). In this case, the Dilantin was noted to be ineffective prior to ordering the level. For this reason, assuring levels are adequate for therapeutic response is medically indicated. Therefore, the request for Dilantin blood level #1 is medically necessary and appropriate.