

Case Number:	CM14-0181054		
Date Assigned:	11/05/2014	Date of Injury:	09/07/2013
Decision Date:	12/09/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/31/2014

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 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:

The patient is a 35-year-old male who sustained a work related injury on 9/7/2013. He sustained a head trauma that did not result in loss of consciousness. Immediately following the incident he was evaluated in a local emergency room. A Head CT was performed and found unremarkable. Due to persistent headaches, memory problems, and speech abnormalities (described as having slow slurred speech with stuttering) and MRI was performed. The results of the MRI are discussed and primarily showed ethmoidal sinusitis, but no other acute findings. He underwent massage therapy, chiropractor therapy, acupuncture therapy, and an occipital area injection without relief in symptoms. Next, he was seen by a Neurologist who repeated a CT Brain, which again showed no significant findings. His past medical history and personal and family history are all unremarkable. The patient specifically denied any prior work related injuries before 9/7/2013. Next, on 7/30/2014 the patient was seen by a different Neurologist who noted that on physical exam no neurologic deficits were evident. But, in light of the patient's "subjective complaints of memory problems and cognitive deficits" this second Neurologist recommended an EEG. Regarding his speech problems he recommended a speech therapy evaluation. Regarding the ethmoidal sinusitis noted on MRI an ENT evaluation on a nonindustrial basis was advised. As of 7/7/2014 the patient was listed as temporarily totally disabled. A utilization review physician presumably did not approve this request for an EEG (a copy of the utilization review physician's determination letter was not provided in this case.) Likewise, an independent medical review has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

EEG: 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 Official Disability Guidelines (ODG) EEG Guidelines

Decision rationale: The MTUS guidelines are silent on this issue. Therefore, the ODG guidelines were referenced. These guidelines state EEG can be employed in those individuals in whom there is evidence of failure to improve or additional deterioration following initial assessment and stabilization. In this case, this patient fits these criteria in that he has had lack of improvement in his symptoms (cognitive deficits, on going headaches, and speech difficulties) one year following his accident. Seizure activity is a consideration with this patient's ongoing symptoms. His attending neurologist's and primary care physician's request for an EEG is medically necessary.