MAXIMUS Federal Services

Case Number:	CM14-0133492		
Date Assigned:	08/27/2014	Date of Injury:	09/01/2010
Decision Date:	01/06/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 59 year old male with an injury date of 09/01/10. The most recent treatment report dated 03/06/14 states that the patient presents following extreme exacerbation of lower back and lower extremity pain that has partially subsided. No significant deficiencies are noted in examination. The patient's diagnoses include cervical spondylosis; lower back pain; lumbar canal stenosis; lumbar radiculopathy; neck pain/strain; and spondylolisthesis, acquired. The utilization review being challenged is dated 07/22/14. The rationale is that there are no indications documented in any notations provided since 2010. Reports were provided from 09/05/13 to 03/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electroencephalogram (EEG) - Asleep: Upheld

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) Head Chapter, EEG (neurofeedback)

Decision rationale: The patient presents with lower back and lower extremity pain. The provider requests for EEG-Asleep per the 07/16/14 Request for Authorization. Official Disability Guidelines, Head Chapter, EEG (neurofeedback), states, "Recommended as indicated below." "Indications for EEG: - If there is failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation."The Request for Authorization states this request is for a diagnosis of post-concussion syndrome. The reports provided, however, show no discussion, documentation or diagnosis of post-concussion syndrome in this patient nor does the provider discuss the reason for this request. There is no description of seizure episodes, or other neurologic events to raise concerns regarding an organic brain disorder. MTUS page 8 requires the physician to monitor the patient's progress and make appropriate recommendations. In this case, this request is not medically necessary.