

Case Number:	CM14-0206598		
Date Assigned:	12/18/2014	Date of Injury:	08/23/2009
Decision Date:	02/12/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/10/2014

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 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 (IW) is a thirty-year old female who sustained a work-related injury on 8/23/2009. The mechanism of injury is reported to be a fall of ten feet. The IW reports a loss of consciousness at the time of the event, however, she has very little recall regarding the events surrounding the situation. Over the course of the evaluation period, the injured worker was evaluated for complaints of bilateral knee pain, back pain and low back pain, TMJ, cervical spine pain, shoulder pain, hip pain and ankle pain. With regard to her cervical spine, the injured worker reported experiencing numbness, tingling in the right and left arm, radicular pain in the right and left leg. The injured worker reported that turning the neck to the left or to the right worsened this condition. The pain was described as aching, burning, deep, disabling, radiating, shooting, stabbing, tingling, numbness and uncomfortable. With regard to her headaches, the injured worker reported dizziness, facial pain, neck pain, stiff neck and TMJ pain. Bright light worsens the condition. The headache pain was described as aching, deep, throbbing, pressure, dizziness and shooting. Per the progress notes provided, her neurological examination is reported as normal. An MRI of the cervical spine on September 29, 2011 indicated a "normal MRI examination of the cervical spine." The evaluating physician noted that the MRI also indicated multiple levels of decreased hydration, potentially mild disk bulging and potentially indicative of disk annular disruption syndrome. The evaluating physician is requesting an EEG for clarification of what might be potentially atypical migraines that are cervicogenic in nature versus partial seizures. There is no reported evidence of a specific paroxysmal episode conveying a focal motor abnormality or any reported alterations in level of consciousness. A request for an Electroencephalogram (EEG) was non-certified in Utilization Review (UR) on December 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EEG (electroencephalogram): 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, 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) Head Chapter: EEG (neurofeedback).

Decision rationale: Per guidelines, the use of 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. It is clinically used to evaluate patients that have events that may be concerning for seizures. In clinical cases that patients exhibit behavior that may be concerning for seizures (such as a focal motor events-abnormal limb movement) or alterations in consciousness, then an EEG is an appropriate diagnostic test. In this case, the IW is reporting symptoms consistent with migraine headaches and with some pain that could also be characterized as cervicogenic headaches. There is no evidence provided that would support alterations in her consciousness or any reports of focal motor movements that would be consistent with a seizure. Therefore, the request to do an electroencephalogram is inappropriate and not medically necessary.