

Case Number:	CM14-0210006		
Date Assigned:	12/23/2014	Date of Injury:	06/25/2014
Decision Date:	02/27/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 with a date of injury of 06/25/2014. According to progress report dated 09/17/2014, the patient sustained right knee and head injury when he fell forward onto the ground hitting his head on the concrete. He did sustain a laceration and was sent for medical evaluation which consisted of a CT scan of the head as well as x-rays. The patient complains of having headaches which involved the frontal vertex area which occurs on average 4 times per week. The headaches are controlled and the patient takes 3 to 4 Advil tablets. The pain consists of pressure and pounding discomfort. The patient has had 2 episodes of dizziness lasting for seconds. He also reports double vision for about 2 months following the injury. The patient also complains of right knee pain, is anticipating surgery in about a month. It was noted the patient has injuries to the ACL and meniscus. Examination revealed tenderness at the occipital nuchal areas bilaterally. Flexion and extension of the neck caused slight pain. Neurological examination revealed the patient is alert and oriented and answers questions readily and appropriately. There is no short-term memory deficit, and the patient has somewhat depressed affect. The listed diagnoses are:1. Work-related head trauma with concussion without loss of consciousness.2. Post-concussion syndrome involving vision blurring, posttraumatic headaches, transient diplopia, positional dizziness, and sleep disturbance.3. Posttraumatic headaches, probably secondary to direct contusion to the head.4. Transient horizontal diplopia, possible sixth nerve palsy initially following the trauma.5. Positional dizziness with nystagmus, probably secondary to concussion effect upon the vestibular mechanism.6. Sleep initiation and maintenance, insomnia with associated daytime

impairment.7. Depression.8. Comorbid orthopedic conditions involving the neck and right knee. Treatment plan is for patient to have an MRI of the brain to see if "there are any questions of abnormality." Recommendation is also made for an ENT evaluation to assist the positional dizziness and also intermittent tinnitus, and electroencephalogram to determine if there is any focal slow activity or spike discharges, and medication naproxen 550 mg along with proton-pump inhibitor on as needed basis. The utilization review denied the request on 12/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain: Overturned

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

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, MRI of the brain/head.

Decision rationale: This patient presents with headaches and sleep disturbance. The current request is for MRI of the brain. The utilization review denied the request stating that the patient has had a CT scan of the head, which was unremarkable. Regarding MRI of the brain/head, the ODG Guidelines under its head chapter states this is a well-established brain imaging study and it is indicated as follows: Explain neurological deficit not explained by CT, to evaluate prolonged interval of disturbed consciousness to determine evidence of acute changes superimposed on previous trauma or disease." Review of the medical file indicates the patient had a CT scan of the brain on 06/30/2014 which showed evidence of chronic bilateral ethmoid and sphenoid sinus disease. The treating physician would like to obtain an MRI scan of the brain for further investigation as the patient presents with continued headaches, dizziness with associated blurriness. In this case, an MRI of the brain for further investigation is within ODG Guidelines, and the request is medically necessary.

Electroencephalogram: Overturned

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

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: This patient presents with headaches and sleep disturbance. The current request is for electroencephalogram. The utilization review denied the request stating that there is no indication in the record that the patient is having any paroxysmal symptoms that could be related to a cerebral dysrhythmia. The ODG Guidelines under the head chapter has the following

regarding EEG (neurofeedback), "Recommended as indicated below. EEG (electroencephalography) is a well-established diagnostic procedure that monitors the brainwave activity using scalp electrodes and proactive maneuvers such as hyperventilation and photic strobes. Information generated includes alterations in brainwave activities such as frequency changes (nonspecific) or morphologic (seizures). EEG is not generally indicated in the immediate period of emergency response, evaluation, and treatment. Following initial assessment and stabilization, the individual's course should be monitored." Indication for EEG is "If there is failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation." In this case, the patient sustained a head injury on 06/25/2014 and continues with headaches, dizziness, and blurred vision. An EEG for further diagnostic evaluation is within ODG Guidelines. This request is medically necessary.

ENT evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, page 127, evaluation.

Decision rationale: This patient presents with headaches and sleep disturbance. The current request is for ENT evaluation. The utilization review denied the request stating that the patient has post-concussion symptoms and does not appear to be in need of an ENT consultation at this time. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The treating physician states that an ENT evaluation is necessary to "assess the positional dizziness and also intermittent tinnitus." In this case, the treating physician has some concerns regarding patient's dizziness and intermittent tinnitus and is recommending further evaluation from a specialist. The requested ENT evaluation is medically necessary.

Naproxen 550mg #2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 22.

Decision rationale: This patient presents with headaches and sleep disturbance. This is a request for naproxen 550 mg #2. The utilization review denied the request stating that "It is unclear as to how many naproxen the patient is to take daily and for what duration." The MTUS Guidelines page 22 regarding antiinflammatory medications states that "Antiinflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." This is an initial request for this medication. The medical file indicates the patient was taking Aleve and the treating physician has initiated the use of naproxen for patient's continued headache. The requested naproxen 550 mg is medically necessary.

Proton pump inhibitor: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67 and 68.

Decision rationale: This patient presents with headaches and sleep disturbance. The current request is for proton-pump inhibitor. The utilization review denied the request stating that there is no specific proton-pump inhibitor specified, and there is no duration of treatment. The medical records indicate the patient has been utilizing Aleve, and the patient has been authorized for the use of naproxen, but there is no GI assessment. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The patient has been taking NSAID on a long term basis, but the treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The request is not medically necessary.