

Case Number:	CM14-0213572		
Date Assigned:	12/31/2014	Date of Injury:	06/26/2014
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/20/2014

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. 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: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 is a 51 year old male who suffered a work related injury on 06/06/14 when he was attacked by a bottle. He suffered injuries to a tooth, his left ear, his head, and right knee. Per the physician notes from 11/24/14 he gets confused, has a daily headache, and gets nauseous. In addition, he reports not sleeping well. His diagnoses include head injury, post-concussion syndrome. His treatments include Motrin, Ambien, and a Neurology evaluation. He is only to work 4 hour shifts. The requested treatments include an EEG, and an EMG/NCV to the bilateral upper extremities. There is no mention of these treatments in the physician notes. The EEG and EMB/NCV were denied by the Claims Administrator on 12/08/14 and were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Post-concussive syndrome

Decision rationale: The injured worker is being treated for post-concussive syndrome with associated headaches and subjective cognitive impairment. The documentation doesn't support that the patient has any cognitive impairment or abnormal neurological exam. The diagnostic measurements used to evaluate post-concussive syndrome include psychological evaluation and neurological imaging including CT and MRI of the brain. An EEG is used to diagnose a patient with epilepsy or evaluate a patient with known epilepsy. The medical documentation doesn't support that there is a suspicion of epilepsy or any neurological abnormality. An EEG is not medically necessary.

EMG/NCT of Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 337.

Decision rationale: Nerve conduction study (NCS) techniques permit stimulation and recording of electrical activity from individual peripheral nerves with sufficient accuracy, reproducibility, and standardization to determine normal values, characterize abnormal findings, and correlate neurophysiologic-pathologic features. These clinical studies are used to diagnose focal and generalized disorders of peripheral nerves, aid in the differentiation of primary nerve and muscle disorders (although NCS itself evaluates nerve and not muscle), classify peripheral nerve conduction abnormalities due to axonal degeneration, demyelination, and conduction block and prognosticate regarding clinical course and efficacy of treatment. NCS should not be performed or interpreted as an isolated diagnostic study. In stead, it should be performed and interpreted at the same time as an EMG. When definitive neurologic findings on physical exam, electrodiagnostic studies, lab tests, or bone scans are present imaging may be warranted. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case the neurological exam was without deficit and the documentation didn't provide medical necessity for the studies.