

Case Number:	CM15-0011214		
Date Assigned:	01/30/2015	Date of Injury:	04/10/2012
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/20/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67-year-old male with a reported date of injury on 04/10/2012; the mechanism of injury was not provided for review. The diagnoses include head trauma with post-traumatic head syndrome, post-traumatic imbalance, and post-traumatic headaches. The injured worker was previously treated with medications and acupuncture. A CT of the brain performed on 04/10/2012 was noted to demonstrate a normal non-contrast CT of the brain with no evidence of intracranial hemorrhage or fracture. A clinical note dated 08/12/2014 noted the patient had numerous subjective complaints to include: headaches, dizziness and instability, trouble with short term memory, trouble focusing and concentration, problems with tremors, and involuntary movements of the right arm and hand. On physical examination it was noted that the patient had some myoclonic light body jerks to the right arm. Additionally, it was noted that the patient had significant tremor to the outstretched hands and had trouble with tandem stance and tandem gait. Under the treatment plan it was noted that due to the psychological factors affecting the patient's physical condition, the physician was recommending a digital quantitative electroencephalogram to determine specific seizure activity, whether or not there is organic dysfunction of the brain, and to determine further care and treatment. The physician was also recommending a normal electroencephalogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Digital Quantitative 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- Treatment in Workers' Compensation, Online Edition; Chapter: Head: QEEG (brain mapping)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, QEEG (brain mapping).

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address quantitative electroencephalogram. However, the Official Disability Guidelines state that quantitative electroencephalograms are not currently recommended as the results of quantitative electroencephalograms are almost always redundant with traditional EEGs, neurological and radiological evaluations. The guidelines also state that while quantitative electroencephalograms may have the potential in retrospective diagnosis of TBI, the use of this application remains investigational. The requested digital quantitative electroencephalogram cannot be supported as it remains investigational and is not currently recommended by treatment guidelines. In addition, there is no medical need for a quantitative electroencephalogram in addition to a normal electroencephalogram as they provide redundant results. Therefore, the requested digital quantitative electroencephalogram is not medically necessary.