

<b>Case Number:</b>	CM15-0111644		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 50 year old male, who sustained an industrial injury on 5/7/2013. The mechanism of injury was when a 31 pound box fell onto his head, resulting in a concussion. The injured worker was diagnosed as having post-concussion syndrome and post-traumatic migraine headaches, cognitive dysfunction, mild neck pain and left shoulder pain. Electroencephalogram in 2014 was within normal limits and electromyography (EMG) of the bilateral upper extremities in 2014 was within normal limits. Treatment to date has included therapy and medication management. In a progress note dated 12/29/2014, the injured worker complains of headaches with photophobia and nausea/vomiting, slow speech and difficulty getting his words out. Physical examination showed painful range of motion for the neck and shoulders. The treating physician is requesting electroencephalography/brain network activity for the head.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electroencephalography/Brain Network Activity for head:** 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 Index, 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 (EEG).

**Decision rationale:** CA MTUS does not address EEGs. ODG states that if there is a failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in the diagnostic evaluation. This a 50 y.o. patient who suffered a head injury on 5/7/2013. He underwent a CT scan of the brain which was normal and an EEG which was also normal on 9/4/2014. There is no evidence that the patient has experienced a deterioration in neurologic function or has developed new deficits. An EEG in conjunction with brain network activation of event related potential activities has not been shown to improve outcomes in patients with migraines. There is no rationale presented for the necessity of a repeat EEG, given that the patient's clinical condition is unchanged. Therefore the request is not medically necessary.