Case Number:	CM15-0112874		
Date Assigned:	06/19/2015	Date of Injury:	01/02/2003
Decision Date:	07/20/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/11/2015

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: 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 45 year old female, who sustained an industrial injury on 01/02/2003. She has reported subsequent neck, low back, bilateral shoulder and bilateral wrist pain and was diagnosed with status post anterior cervical disc fusion at C5-C7 with iliac crest bone grafting, herniated lumbar disc with radiculitis/radiculopathy, left shoulder tendinitis, impingement, right shoulder strain/sprain, tendonitis and carpal tunnel syndrome of the bilateral wrists and hands. Treatment to date has included medication, TENS unit and surgery. In a progress note dated 04/24/2015, the injured worker complained of pain and discomfort in the cervical spine region with shooting pain down the back. Objective findings were notable for decreased cervical range of motion and tightness and spasm in the trapezius, sternocleidomastoid and straps muscle right and left. The physician noted that a neurologist had stated that the injured worker's headaches were likely the result of cervicogenic headaches and tension type headaches. The physician also noted that an electroencephalogram should be performed due to the injured worker's lapses to determine if there are any epileptiform discharges. A request for authorization of an electroencephalogram was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EEG: Overturned

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 chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, EEG.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that EEG is indicated when there is failure to progress or additional deterioration. The up-to date guidelines states EEG is indicated in the evaluation of potential epilepsy. The documentation provided for review meets these requirements as outlined above and therefore the request is medically necessary.