

Case Number:	CM15-0118697		
Date Assigned:	06/29/2015	Date of Injury:	07/23/2008
Decision Date:	09/21/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/19/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 65-year-old male, who sustained an industrial injury on 7/23/08. He reported initial complaints of being involved in a motor vehicle accident resulting in head trauma. The injured worker was diagnosed as having memory loss, malaise and fatigue; mild cognitive impairment; poor concentration; insomnia chronic; anxiety disorder generalized; pain in joint involving pelvic region-thigh; spinal stenosis lumbar region with neurogenic claudication; posttraumatic stress syndrome; traumatic brain injury. Treatment to date has included medications. Currently, the PR-2 notes dated 6/4/15 indicated the injured worker was referred to this office for chief complaints documented as "chronic severe headaches, face and neck pain and spasm with right greater than left upper extremity pain, numbness, tingling, and weakness due to cervical degeneration, TMJ, bruxism, MPS, TBI, PTSD, depression and anxiety disorder." He also noted a history of progressively worsening pain and fatigue in the low back, buttocks and lower extremities with standing and walking for more than 15 minutes which his relieved by sitting, recumbency, or forward flexion. He has had pain since his injury in 2008. When he was following a rear-ended motor vehicle accident at work when he sustained head injuries and neck sprain with loss of consciousness and concussion. As a result, the provider documents he suffers from post-concussion syndrome with chronic severe cognitive disorder including expressive aphasia, slow information and thought processing, vestibular system dysfunction with dizziness and balance issues, and left chest wall and left upper extremity pain and numbness made worse by severe situational anxiety triggered by any unanticipated events and/or sensory overstimulation which overwhelm his coping capabilities. His cardiac work-up

was deemed negative. The injured worker reports his pain as "electrical, shooting, fearful, and tiring." On a good day his pain is 2/10 and on a bad day 8/10. Alleviating factors are rest, lying down, quiet, medications. He is currently not working but still employed. Past treatments have included inpatient cognitive and functional rehabilitation program. Invisalign braces have provided greater than 50% improvement in his headache pain due to bruxism and TMJ dysfunction. Bible study, volunteer activities and dance have been extremely beneficial as well. Nevertheless, he continues to suffer tremendously from severe residual sequelae pain. The provider includes documentation of a physical examination and findings are relevant to the injured workers complaints. He has agreed to take over the management of medications and the injured worker has reviewed and signed a narcotic contract and will undergo a urine drug testing on this date. The provider is requesting authorization of Deplin 15mg #30 one refill; Nuvigil 250mg #30 one refill; Left hip x-ray; MRI lumbar spine and eVox (ERP, ECG & EEG Brain Mapping).

IMR ISSUES, DECISIONS AND RATIONALES

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

eVox (ERP, ECG & EEG Brain Mapping): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EEG (Neurofeedback).

Decision rationale: The injured worker sustained a work related injury on 7/23/08. The medical records provided indicate the diagnosis of memory loss, malaise and fatigue; mild cognitive impairment; poor concentration; insomnia chronic; anxiety disorder generalized; pain in joint involving pelvic region-thigh; spinal stenosis lumbar region with neurogenic claudication; posttraumatic stress syndrome; traumatic brain injury. Treatment to date has included medications. The medical records provided for review do not indicate a medical necessity for: eVox (ERP, ECG & EEG Brain Mapping. Neither MTUS, Official Disability Guidelines, Medscape, National Guidelines Clearing house, Pubmed or google search referenced eVox. Nevertheless, the Official Disability Guidelines states that EEG (Electroencephalography) is indicated if there is failure to improve or additional deterioration after an initial assessment and stabilization. The medical records indicate the injury happened in 2008; the injured worker has just been transferred to this provider, and this request was made at the initial encounter. The requested test is not medically necessary due to lack of appropriate guidelines in support of the request. Also, the EEG was ordered too early in the encounter.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The injured worker sustained a work related injury on 7/23/08. The medical records provided indicate the diagnosis of memory loss, malaise and fatigue; mild cognitive impairment; poor concentration; insomnia chronic; anxiety disorder generalized; pain in joint involving pelvic region-thigh; spinal stenosis lumbar region with neurogenic claudication; posttraumatic stress syndrome; traumatic brain injury. Treatment to date has included medications. The medical records provided for review do not indicate a medical necessity for MRI lumbar spine. The medical records no evidence of radiculopathy or progressive neurological loss in the lower extremities. The MTUS does not recommend imaging in the absence of evidence of red flag or evidence of progressive neurological damage or radiculopathy.

Left hip x-ray: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis (Acute and Chronic), X-ray.

Decision rationale: The injured worker sustained a work related injury on 7/23/08. The medical records provided indicate the diagnosis of memory loss, malaise and fatigue; mild cognitive impairment; poor concentration; insomnia chronic; anxiety disorder generalized; pain in joint involving pelvic region-thigh; spinal stenosis lumbar region with neurogenic claudication; posttraumatic stress syndrome; traumatic brain injury. Treatment to date has included medications. The medical records provided for review do indicate a medical necessity for Left hip x-ray. The medical records indicate the work related injuries include the back, the injured worker has problems squatting and the physical examination noted positive FABER Test on the left. The MTUS is silent on Hip X-ray, but the Official Disability Guidelines recommends AP Pelvic and lateral Hip X-ray for a suspected hip fracture or suspected hip osteoarthritis.

Deplin 15 #30 (refill x1): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Harrison's Textbook of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Deplin® (L-methylfolate).

Decision rationale: The injured worker sustained a work related injury on 7/23/08. The medical records provided indicate the diagnosis of memory loss, malaise and fatigue; mild cognitive impairment; poor concentration; insomnia chronic; anxiety disorder generalized; pain in joint involving pelvic region-thigh; spinal stenosis lumbar region with neurogenic claudication; posttraumatic stress syndrome; traumatic brain injury. Treatment to date has included medications. The medical records provided for review do not indicate a medical necessity for: Deplin 15 #30 (refill x1). The MTUS is silent on this, but the Official Disability Guidelines states, "Not recommended. Deplin (L-methylfolate) is a prescription medical food that contains L-methylfolate (vitamin B9) in doses of 7.5 mg or 15 mg."

Nuvigil 250mg #30 (refill x1): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Armodafinil (Nuvigil).

Decision rationale: The injured worker sustained a work related injury on 7/23/08. The medical records provided indicate the diagnosis of memory loss, malaise and fatigue; mild cognitive impairment; poor concentration; insomnia chronic; anxiety disorder generalized; pain in joint involving pelvic region-thigh; spinal stenosis lumbar region with neurogenic claudication; posttraumatic stress syndrome; traumatic brain injury. Treatment to date has included medications. The medical records provided for review do not indicate a medical necessity for: Nuvigil 250mg #30 (refill x1). The MTUS is silent on Nuvigil (Armodafinil), but the Official Disability Guidelines states that it is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. The medical records indicate the injured worker suffers from Insomnia; the injured worker has not been diagnosed of narcolepsy or sleep wake disorder. The requested treatment is not medically necessary.