MAXIMUS Federal Services

Case Number:	CM15-0122299		
Date Assigned:	07/06/2015	Date of Injury:	09/23/1998
Decision Date:	08/11/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/24/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial injury on 09/23/1998. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having head trauma with post-traumatic head syndrome, disorder of sleep and arousal with non-restorative sleep, cervicogenic headaches with occipital neuralgia, status post cervical fusion with ongoing symptoms, occipital neuralgia, chronic pain ideation, and psychological factors affecting the injured worker's physical condition. Treatment and diagnostic studies to date has included mouth piece for sleep, magnetic resonance imaging of the cervical spine, neurosurgery evaluation, nerve blocks, trigger point injections, and medication regimen. In a progress note dated 05/07/2015 the treating physician reports complaints of pain to the back, neck, elbows, shoulders, and mid thoracic spine along with numbness and burning to the lower extremities, burning pain to the interscapular regions, leg cramps, dizziness, and numbness to the fifth finger bilaterally. The treating physician also notes long and short term memory difficulties, headaches, difficulty with sleep, and involuntary spasms of the hands and feet. Examination reveals tremor to the outstretched hands. The treating physician requested an electroencephalography/digital quantitative electroencephalography and magnetic resonance imaging of the brain with contrast with the treating physician requesting these studies in order to perform a complete assessment of the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electroencephalography/Digital Quantitative Electroencephalography: 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 Official Disability Guidelines (ODG) Head chapter, EEG.

Decision rationale: Based on the 05/07/15 progress report provided by treating physician, the patient presents with pain to the back, neck, elbows, shoulders, and mid thoracic spine along with numbness and burning to the lower extremities, burning pain to the interscapular regions, leg cramps, dizziness, and numbness to the fifth finger bilaterally. The patient is status post cervical discectomy fusion C4-5, C5-6, and C6-7 on 03/18/08. The request is for Electroencephalography/Digital quantitative Electroencephalography. RFA with the request not provided. Patient's diagnosis on 05/07/15 includes head trauma with post-traumatic head syndrome, disorder of sleep and arousal with non-restorative sleep, cervicogenic headaches with occipital neuralgia, status post cervical fusion with ongoing symptoms, occipital neuralgia, chronic pain ideation, and psychological factors affecting the injured worker's physical condition. Treatment to date has included surgery, diagnostics, imaging studies, mouth piece for sleep, neurosurgery evaluation, nerve blocks, trigger point injections, and medications. The patient is permanent and stationary, per 05/07/15 report. Treatment reports provided from 04/14/14 - 06/01/15. ODG-TWC, Head (trauma, headaches, etc., not including stress & mental disorders) Chapter under EEG (neurofeedback) states: "Recommended as indicated below. EEG (electroencephalography) is a well-established diagnostic procedure that monitors brain wave activity using scalp electrodes and provocative maneuvers such as hyperventilation and photic strobe. Information generated includes alterations in brain wave activity such as frequency changes (nonspecific) or morphologic (seizures). EEG is not generally indicated in the immediate period of emergency response, evaluation, and treatment. Following initial assessment and stabilization, the individual's course should be monitored. Indications for EEG :If there is failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation. (Colorado, 2005)" Per 05/07/15 report, with regard to the request, treater states "In order to complete this individual's assessment, the neurological tests are necessary in order to determine both causation, impairment, future medical care, and related questions." The patient has a diagnosis of head trauma with post-traumatic head syndrome, but does not present with any remarkable neurologic symptoms, or red flags. Physical examination on 05/07/15 revealed normal visual fields, pupils equal, optic disc normal, eye movements full and nystagmus not present. Tremor noted to outstretched hand. Deep tendon reflexes 2 and symmetrical at biceps, triceps and brachioradialis. Knee and ankle jerks were 1. Negative Romberg. Treater does not discuss "failure to improve or additional deterioration following initial assessment and stabilization," to support the request other than headaches, dizziness and reduced reflexes. In this case, the patient does not meet guideline requirements for EEG (electroencephalography). Therefore, the request IS NOT medically necessary.

MRI of The Brain with Contrast: 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 Official Disability Guidelines (ODG) Head chapter, MRI.

Decision rationale: Based on the 05/07/15 progress report provided by treating physician, the patient presents with pain to the back, neck, elbows, shoulders, and mid thoracic spine along with numbness and burning to the lower extremities, burning pain to the interscapular regions, leg cramps, dizziness, and numbness to the fifth finger bilaterally. The patient is status post cervical discectomy fusion C4-5, C5-6, and C6-7 on 03/18/08. The request is for MRI OF THE BRAIN WITH CONTRAST. RFA with the request not provided. Patient's diagnosis on 05/07/15 includes head trauma with post-traumatic head syndrome, disorder of sleep and arousal with non-restorative sleep, cervicogenic headaches with occipital neuralgia, status post cervical fusion with ongoing symptoms, occipital neuralgia, chronic pain ideation, and psychological factors affecting the injured worker's physical condition. Treatment to date has included surgery, diagnostics, imaging studies, mouth piece for sleep, neurosurgery evaluation, nerve blocks, trigger point injections, and medications. The patient is permanent and stationary, per 05/07/15 report. Treatment reports provided from 04/14/14 - 06/01/15. ODG Guidelines, Head Chapter under MRI, states this is a well-established brain imaging study and it is indicated as follows: Explain neurological deficit not explained by CT, to evaluate prolonged interval of disturbed consciousness to determine evidence of acute changes superimposed on previous trauma or disease. MRI is more sensitive than CT for detecting traumatic cerebral injury. Per 05/07/15 report, with regard to the request, treater states "In order to complete this individual's assessment, the neurological tests are necessary in order to determine both causation, impairment, future medical care, and related questions." ODG guidelines recommend MRI for neurological deficit not explained by CT. The patient has a diagnosis of head trauma with post-traumatic head syndrome, but does not present with any neurologic symptoms, or red flags. Physical examination on 05/07/15 revealed normal visual fields, pupils equal, optic disc normal, eye movements full and nystagmus not present. Tremor noted to outstretched hand. Deep tendon reflexes 2 and symmetrical at biceps, triceps and brachioradialis. Knee and ankle jerks were 1. Negative Romberg. Treater does not discuss any neurological findings to support the request other than headaches, dizziness, and reduced reflexes. There are no discussions of unexplained neurological deficits, prolonged disturbed consciousness or the need to define evidence of acute changes per ODG criteria. In this case, the patient does not meet guideline requirements for an MRI of the brain. Therefore, the request IS NOT medically necessary.