

Case Number:	CM15-0160138		
Date Assigned:	08/26/2015	Date of Injury:	12/07/2011
Decision Date:	11/19/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/17/2015

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 55 year old male, who sustained an industrial injury on December 7, 2011. The injured worker reported an electrical shock. The injured worker was diagnosed as having accident caused by unspecified electric current, abnormality of gait, blisters with epidermal loss due to burn and dizziness and giddiness. Treatment to date has included medication, magnetic resonance imaging (MRI) and nerve conduction study. A progress note dated July 14, 2015 provides the injured worker complains of hand tremors and worsening imbalance. Physical exam notes hoarse voice and abnormal gait. Review of brain magnetic resonance imaging (MRI) was unremarkable. The plan includes magnetic resonance imaging (MRI) of cervical spine, electroencephalogram (EEG) and consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep EEG (electroencephalography): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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/ACOEM Guidelines do not address requests for sleep EEG. ODG states that if there is a failure to improve or additional deterioration is present following initial assessment or stabilization then an EEG is recommended. EEGs are generally indicated in the immediate period of emergency response, evaluation and treatment. This patient received an electric shock in 2011. His current complaints include worsening of balance and a tremor in his hands. A previous MRI of the brain was normal. The physical exam does not provide significant objective findings indicating deterioration. Without additional clinical evidence of the patient's deterioration, the medical necessity of this request has not been established and is not medically necessary or appropriate.