

<b>Case Number:</b>	CM15-0170328		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	03/03/2013
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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, New York, California  
 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 applicant is a represented 22-year-old who has filed a claim for chronic low back pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of March 3, 2013. In a Utilization Review report dated July 29, 2015, the claims administrator failed to approve a request for outpatient EEG testing of the brain. The claims administrator referenced a July 23, 2015 progress note and an associated RFA form of the same date in its determination. The claims administrator stated that its decision was based on ODG Guidelines but did not incorporate the same into its report or rationale. The applicant's attorney subsequently appealed. On January 22, 2015, it was acknowledged that the applicant had undergone earlier lumbar spine surgery and had ceased smoking in late 2014. A medical-legal evaluator suggested on August 17, 2015 that the applicant undergo an artificial disk replacement procedure. The remainder of the file was surveyed. It did not appear that the July 23, 2015 office visit in question had been incorporated into the IMR packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EEG of the brain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head (trauma, headaches, etc., not including stress & mental disorders; and on

ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and consultations, page 127.

**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 (neurofeedback).

**Decision rationale:** No, the request for EEG testing is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While ODG's Head Chapter EEG Testing topic does acknowledge that EEG may aid in the diagnostic evaluation of individuals in whom there is failure to improve or additional deterioration following initial assessment and stabilization, here, however, the July 23, 2015 progress note on which the article in question was sought was not seemingly incorporated into the IMR packet. A clear rationale for the EEG testing in question was not furnished. Therefore, the request is not medically necessary.