

Case Number:	CM15-0048227		
Date Assigned:	03/20/2015	Date of Injury:	11/13/2009
Decision Date:	05/18/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/13/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 51 year old female who sustained an industrial injury on 11/13/09. Initial complaints and diagnoses are not available. Treatments to date include medication, spinal fusion, psychological therapy and a medial block injection. Prior diagnostic studies include a MRI. Current complaints include lumbar spine and chronic left knee pain, as well as almost daily seizures. In a progress note dated 12/02/14 the treating provider reports the plan of care as a urine toxicology test, medications including Norco and Butrans, a neurology consultation, an EEG, and a spinal fusion. The requested treatment is an EEG.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROENCEPHALOGRAM, PER 02/02/15 ORDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

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

Decision rationale: The medical records provided for review indicate signs or symptoms in suspicion of a seizure disorder. There is documented physical examination with description of stereotypical events consistent with seizure. As such, EEG is supported by the medical records for assessment or stabilization of the insured. The request is medically necessary.