

Case Number:	CM15-0061750		
Date Assigned:	04/07/2015	Date of Injury:	07/07/2011
Decision Date:	05/06/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/01/2015

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: Arizona, California
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:

This 53 year old male sustained an industrial injury to the neck and back on 7/7/11. Previous treatment included magnetic resonance imaging, chiropractic therapy, physical therapy, injections, home exercise and medications. In a neurological reevaluation dated 2/4/15, the injured worker reported having three episodes of fainting. In one of these episodes, his son reported that the injured worker had convulsions, his eyes rolled up and he was unresponsive for 4 to 5 minutes. The injured worker was on Tramadol and Lexapro. The injured worker also reported having intermittent headaches, dizziness, neck pain and decreased sleep. Computed tomography of the head (10/30/14) was normal. Current diagnoses included cervical spine sprain/strain, cervicogenic headaches and dizziness, lumbar spine sprain/strain with radiculopathy and seizure versus syncope. The treatment plan included an electroencephalogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electroencephalogram: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- head chapter - EEG and pg 18.

Decision rationale: According to the guidelines, indications for EEG, If there is failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation. The claimant had been on Dilantin, a seizure medication and had persistent headaches and dizziness. Although the claimant had a prior ENG consistent with vestibular pathology, there was suspicion of active seizures. The request for an EEG is medically necessary and appropriate.