

Case Number:	CM15-0075622		
Date Assigned:	04/27/2015	Date of Injury:	01/21/2008
Decision Date:	06/03/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/21/2015

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, 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 39 year old male who sustained an industrial injury on January 21, 2008. He has reported injury to both shoulders and has been diagnosed with subacromial bursitis, left shoulder with partial thickness cuff tear, status post subscapularis right shoulder with some weakness, severe cervical canal stenosis, C5-6, mild cervical central canal stenosis C4-5, and Klippel-Feil syndrome, congenital fusion, C6-7. Treatment has included medical imaging, injections, and medications. Recent progress report noted painful bursa with crepitation. The treatment request included 72-hour video electroencephalogram and 1 electromyography and nerve conduction velocity of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

72 hour video electroencephalogram study: 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) .

Decision rationale: Regarding the request for EEG, CA MTUS does not address the issue. ODG cites that EEG (neurofeedback) is indicated if there is failure to improve or additional deterioration following initial assessment and stabilization. Within the documentation available for review, the patient has a traumatic brain injury dating to 2008 with some noted deficits in memory, concentration, and cognition, as well as headaches. However, the documentation does not identify the results of prior diagnostic testing nor does it identify how the patient's condition has improved or worsened since the time of the injury. No clear rationale for the use of EEG testing at this time has been presented. In light of the above issues, the currently requested EEG is not medically necessary.

One (1) EMG/NCV of the bilateral lower extremities: 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), Low Back Chapter, EMG/NCV Sections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Regarding the request for EMG/NCV of the lower extremities, Occupational Medicine Practice Guidelines state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there are no current physical examination findings suggestive of radiculopathy and/or peripheral neuropathy in the lower extremities to support an indication for electrodiagnostic testing. In the absence of such documentation, the currently requested EMG/NCV of the lower extremities is not medically necessary.