

Case Number:	CM15-0078540		
Date Assigned:	04/29/2015	Date of Injury:	11/09/2011
Decision Date:	05/28/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/24/2015

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: 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 injured worker is a 44 year old male, who sustained an industrial injury on 11/09/2011. He reported a traumatic brain injury and injuring his neck, spine, and left shoulder. The injured worker is currently diagnosed as having chronic pain syndrome, sleep disorder, traumatic brain injury, closed head injury, rule out hypothalamic, pituitary dysfunction, hypogonadism, and thyroid nodule. Treatment and diagnostics to date has included therapy, sleep study, and medications. In a progress note dated 02/26/2015, the injured worker presented with complaints of fatigue. The treating physician reported requesting authorization for an electroencephalogram. He is being medically considered for a driver's license.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient EEG x1: 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

http://www.fmcsa.dot.gov/sites/fmcsa.dot.gov/files/docs/TraumaticBrainInjury_ExecutiveReport.pdf.

Decision rationale: MTUS and ODG Guidelines do not address this specific issue under these circumstances. The request for the EEG appears to be at least in part due to possible reinstatement of a driver's license. After traumatic brain injury there is a risk for delayed onset seizures. An EEG would provide some insight if seizure activity was likely and have bearing on provision of a driver's license. Under these circumstances, the EEG is medically necessary.