

Case Number:	CM15-0094346		
Date Assigned:	05/20/2015	Date of Injury:	11/30/2009
Decision Date:	06/25/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/15/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 57 year old male, who sustained an industrial injury on 11/30/2009. He reported a cumulative injury from heavy lifting. The injured worker was diagnosed as status post bilateral lumbar decompressive laminectomy with lateral recess decompression foraminotomy at lumbar 3-4 and 4-5. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care, physical therapy, home interferential unit, aqua therapy and medication management. In a progress note dated 4/15/2015, the injured worker complains of intermittent neck, mid back and headache, low back pain with bilateral lower extremities pain and shaking. Examination of the neck and mid back was within normal limits. The lower back showed lumbosacral tenderness. The treating physician is requesting an electroencephalogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electroencephalogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG HEAD (Updated 01/21/15) Online Version EEG (Neurofeedback).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (trauma, headaches, etc., not including stress & mental disorders), <http://www.worklossdatainstitute.verioiponly.com/odgtwc/head.htm>.

Decision rationale: According to ODG guidelines, "Electroencephalography (EEG) is not generally indicated in the immediate period of emergency response, evaluation, and treatment. Following initial assessment and stabilization, the individual's course should be monitored. If during this period there is failure to improve, or the medical condition deteriorates, an EEG may be indicated to assist in the diagnostic evaluation." There is no documentation that the patient failed to improve. There is no documentation of abnormal movements suggestive of seizure activity. Therefore, the prescription of EEG is not medically necessary.