

Case Number:	CM14-0146332		
Date Assigned:	09/12/2014	Date of Injury:	04/23/2012
Decision Date:	10/22/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old male who sustained an injury to his head on 04/23/12 when he fell approximately 5 feet and landed on his head. Treatment to date has included activity modifications, work restrictions, management with medications, and physical therapy. The injured worker had significant bruising, a laceration, as well as an onset of neck pain and insidious onset of bilateral hand numbness/tingling, clumsiness, and unsteadiness of gait. MRI of the brain without contrast dated 04/15/14 revealed confluent increased T2 and flare signal extending radially from the anterior horns of the lateral ventricles bilaterally; these findings are non-specific and could be related to prior trauma, chronic small vessel white matter ischemic changes, or demyelinating disease; additional suggestion of encephalomalacia and gliosis along the anterior frontal horns bilaterally; this area is difficult to evaluate due to motion artifact; however, could represent sequela of prior trauma; no acute osseous abnormality. The progress report dated 08/15/14 reported that if he coughs or sneezes, he gets light headed and fuzzy which lasts for a few seconds. He stated he has been staying in dark, cool areas, which has also helped. The injured worker noted that he has a hard time remembering things; however, this has been ongoing since the previous head injury. The injured worker stated that he has to write down tasks in order to remember them. The injured worker was diagnosed with cervical myelopathy, posttraumatic head syndrome, and probable posttraumatic epilepsy. A third sleep deprived EEG was ordered to identify an epileptogenic focus.

IMR ISSUES, DECISIONS AND RATIONALES

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

EEG Monitoring: 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, Head, and EEG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, EEG (neurofeedback)

Decision rationale: The request for EEG monitoring is not medically necessary. The previous request was denied on the basis that there was no documentation of any episodic alteration of consciousness or confusion or of any involuntary movements. No reasons are given for requesting an EEG. EEG monitoring is not deemed as medically appropriate. There was no information in the recent documentation submitted for review that the injured worker has been experiencing any epileptic episodes. The Official Disability Guidelines (ODG) state that EEG (Neurofeedback) may be warranted if there is failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation. Given that there was no documentation indicating deterioration of the injured worker's mental status, EEG monitoring is not indicated as medically necessary.