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DATE OF REVIEW: 6/19/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Quantitative EEG/EEG

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Certified by the American Board of Physical Medicine & Rehabilitation

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
xx-xx-xx		Prospective	959.01	95957	Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.

Physician notes/evaluations from 12/17/08 through 4/24/09

Official Disability Guidelines cited but not provided-ODG Head Chapter-EEG

PATIENT CLINICAL HISTORY:

This claimant sustained a head injury on xx-xx-xx when struck by a 4x4 causing a right temporal parietal fracture. The claimant was hospitalized and had a pocket of blood drained from behind the ear. The claimant was discharged on 11/15/2008. Following an evaluation of 12/17/2008, impression included the following-head injury with skull fracture and post-traumatic headaches, blurred vision, dizziness, decreased memory with

ataxia with right sided sensation changes, neck/thoracic spine/low back pain. Treatment plan included diagnostic testing and Midrin prn for headaches. Evaluation of 1/7/2009 - neuro exam unchanged. Recommended diagnostic testing and Cymbalta samples provided.

On follow up visits – additional diagnostic testing requested, medications prescribed, continue with chiropractic care, neuropsych evaluation.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

As per the Head chapter of the Division mandated Official Disability Guidelines, this test would be “Recommended as indicated below. EEG (electroencephalography) is a well-established diagnostic procedure that monitors brain wave activity using scalp electrodes and provocative maneuvers such as hyperventilation and photic strobe. Information generated includes alterations in brain wave activity such as frequency changes (nonspecific) or morphologic (seizures). 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. See also QEEG (brain mapping).

Indications for EEG: If there is failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation. (Colorado, 2005) (Vespa, 2005) (Thompson, 2005) (Thornton, 2005) (Hudak, 2004) (Nuwer, 1997)”.

The Reviewer noted that the progress notes documented a skull fracture, hematoma and a non-improving physical examination. Therefore, in the Reviewer’s opinion, the requested service is indicated.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**

- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE
IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE &
PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL
LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**