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IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 2/10/11

IRO CASE #:

Description of the Service or Services In Dispute
Digital analysis of electroencephalogram (EEG) (EG for epileptic spike analysis)

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

Physician Board Certified in Neurology

REVIEW OUTCOME

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

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

Description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY (SUMMARY):

The patient was injured in, when he fell off a table and hit his head and chest. He was found to have rib fractures. His examination two weeks after the injury was unremarkable except with tenderness of the lumbar spine. No comments were made on that evaluation of headaches, neck pain or dizziness. The patient was given medication and physical therapy was recommended. On 9/22/10, the patient was noted to have chest and low back pain. His examination was unchanged, with a suggestion of fractured ribs. Once again, no comments about headaches or any neurologic deficit.

The patient was referred to a neurologist on 8/17/10, and the patient complained of left-sided headaches four times per week, sometimes associated with photophobia and blurred vision, and he has not been able to work since the injury. The patient also complained of low back and chest pain. His neurologic examination was entirely normal, except for some back spasm. No other

abnormalities were noted. His diagnosis was post-concussion syndrome, and post-traumatic migraine. Further studies were recommended to look for lesion, and the patient was given medication. On 11/29/10 it was noted that headaches were no better. The patient was again given medication. His minimal neurologic exam was normal, and the diagnosis was the same. On 12/16/10, the patient continued to complain of pain. No detailed neurologic exam was done, and the diagnosis was the same. An MRI and EEG were recommended to rule out pathology.

A report done for the carrier stated that an MRI was necessary because the patient had failed to improve with basic first-line treatment. The report stated that an MRA and EEG were not medically necessary, because MRI is indicated for headache disorder following injury, and is often more sensitive than a CAT scan for detecting cerebral trauma.

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

I agree with the decision to deny the requested services. This is based on basic clinical neurology and the ODG guidelines. The value of an EEG is to record possible seizure disorders, and asymmetry in brain activity on one side of the brain or the other. There is nothing in the reported history of the patient to suggest that he had any altered consciousness, and EEG is not going to give any further information than what was gleaned from the MRI and basic neurological examination. In addition, no rationale was given for the EEG.

THE MRA of the brain shows pictures of the arteries inside the brain, and the function of this test is to help determine if there is any blockage of arteries that occur in a possible stroke. It may also help to determine if there is an unusual congenital anomaly, such as an arteriovenous malformation. The patient has a fairly classic head injury, and there is no evidence to suspect a stroke or arteriovenous malformation. That would be picked up by MRI of the brain. Therefore, in the scheme of the patient's head injury, there is no indication to do an MRA and EEG. I disagree with the treating neurologist's reasoning.

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)**