Medwork Independent Review
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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION
Workers' Compensation Health Care Non-network (WC)

03/15/2011

MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: **03/15/2011**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
EEG (electroencephalography)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Texas State Licensed MD Board Certified Occupational Medicine physician

REVIEW OUTCOME Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:
☒ Upheld (Agree)
☐ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)
Provide a 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

1. Assignment 02/23/2011
2. Notice of assignment to URA 02/23/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 02/23/2011
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 02/16/2011
6. Treatment Progress Notes 02/07/2011, 01/24/2011, Physician letter 01/24/2011, Note 01/10/2011, Utilization Review 01/10/2011, Medicals 12/21/2010, 12/16/2010, Risk Management 12/15/2010, Medicals 11/29/2010, Physician letter 11/23/2010, Eval 11/03/2010, Medicals 08/04/2010, 06/02/2010, Risk Management 04/28/2010, Medicals 04/21/2010, 04/13/2010, 04/05/2010, 03/11/2010, 02/27/2010, 02/18/2010, 02/12/2010, 02/11/2010, 02/09/210, Physical Rehab Notes 07/16/2010-02/24/2010, Patient Notes 01/24/2011-03/11/2010
7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:
This is a woman who suffered contusions of the left side of body and head as result of a fall incident at work. Her neurological examination, x-rays, and CT scan of the head were found to be normal. The patient was treated conservatively with medication and physical therapy. On her

follow-up evaluation, the patient reported occasional headaches, problems with planning, memory and difficulty with numbers. She alleged these symptoms to her head injury about XX months ago. There were no clinical findings on her neurological examination. The patient underwent neurological evaluation. On her assessment, she reported headaches off and on, particularly on the left side. Headaches were sharp, shooting and pressure type and sometimes associated with dizziness. She denied any history of nausea or focal symptoms. She also reported problems with her short-term memory; she reported difficulty in remembering names and doing her usual tasks. She mentioned having insomnia for many years, which had become worse after the injury. She reported taking Loxapine, Nexium and Flonase for her preexisting health problems. Her neurological examination was noted to be completely normal. The patient was diagnosed with post-concussion syndrome and was recommended EEG for further evaluation. Review request is for an EEG (electroencephalography).

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

As per ODG Guidelines: "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"…"Indications for EEG : If there is failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation."

This patient is more than xx years status post possible blunt head injury. Her initial and subsequent neurological examinations and diagnostic tests were all reported normal. Based on ODG guidelines and the records reviewed, there are no clear indications of EEG test in this patient; therefore, the insurer's denial is upheld due to the following considerations:

- The patient has subjective complaints of headaches, dizziness and difficulty in short-term memory. During last several months, her condition has been stable and there was no evidence of any neurological deficit on her evaluations.
- On her last follow-up visit, the patient reported improvement in her symptoms of headache and dizziness. There were no findings on her examination.
- The patient reported history of taking several medications for her pre-existing conditions, including Loxapine & Doxepin. Common side effects of Loxapine & Doxepin include headaches, dizziness and insomnia.
- On her behavioral assessment, the patient reported pain at the level of 4 on a scale of 1-10 but scored 42% (severe disability) on Low Back Pain Disability Questionnaire and 38% (moderate disability) on Neck Pain Disability Questionnaire. She scored 19 (moderate) on her Beck Depression Inventory and 37 (moderate to serious) on the Sleep Questionnaire.
- Her severe level of perceived disability despite lack of clinical findings on her examination, persistence of her symptoms despite treatment with strong medications, and

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associated depression, indicate towards elements of chronic pain behavior in this patient rather than an organic pathology.

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**

ODG -TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines. Head (trauma, headaches, etc., not including stress & mental disorders).
Procedure Summary, p. 9

- ☐ **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)**

1. MedlinePlus. Loxapine. http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682311.html
2. MedlinePlus. Doxepin. http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682390.html