

<b>Case Number:</b>	CM13-0003638		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	04/23/2003
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	07/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry, 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 physician 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:

This case involves a fifty two year old male claiming emotional injury from work. His symptoms have included: Memory loss, confusion, anxiety, and loss of balance, Sadness, depression and hopelessness. The patient has been treated with Hydroxyzine, Prilosec, Atenolol, Lovastatin, Clonazepam, Lamotrigine, Seroquel, Abilify, Triamterene, Topamax, Vicodin, Soma, Prozac, and Axert. He was seen by a psychiatrist Agreed Medical Examiner who diagnosed him with: DSM-IV Diagnoses: Major Depressive Disorder, Organic Brain Disorder with Depression, Compulsion, severe psychological stressors, and a current global assessment of functioning: 40-45. The Agreed Medical Examiner recommended that he be seen, presumably by a psychiatrist, once a month for eight months. The patient was exposed to Cadmium and is claiming psychiatric symptoms as a result. This review concerns the medical necessity of "psych treatment managed once monthly", "monthly psychotherapy", and "home health nursing care twelve hours per day Monday through Thursday and ten hours Friday through Sunday".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych treatment managed once monthly:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness and Stress, Section: Office Visits.

**Decision rationale:** This patient would benefit from a course of psychiatric medication management, and the Agreed medical examiner even wrote that the patient should be seen (presumably by a psychiatrist) monthly for eight months. However, the way the request was worded, there was no limit on the length of time for the "psych treatment" being requested. Further, the term "psych treatment" has a broad range of meanings including psychiatric medication management, talk psychotherapy, or both. In this case this reviewer presumes that "psych treatment" means psychiatric medication management, since there is a separate request for monthly psychotherapy. This patient appears to be a good candidate for psychiatric treatment monthly, but it is the opinion of this reviewer that such treatment without an endpoint would not be within guidelines that stipulate endpoints to treatment being considered. As such, unlimited psychiatric medication management is not medically necessary.

**2. Monthly psychotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** These guidelines are clear that a total of up to 6-10 visits are in keeping with guidelines. In this case there is no evidence of a diagnosis of Post Traumatic Stress Disorder. An unlimited number of monthly psychotherapy sessions exceeds that guideline and as such are not medically necessary per California Medical Treatment Utilization Schedule (MTUS).

**Home health nursing care twelve hours per day Monday through Thursday and ten hours Friday through Sunday:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** According to the report from the Agreed Medical Examiner, this patient needed home health nursing care. The request for home health nursing care has no endpoint as worded for this request. Home health nursing care into perpetuity is not medically necessary in the opinion of this reviewer