

Case Number:	CM13-0003813		
Date Assigned:	12/11/2013	Date of Injury:	09/08/1999
Decision Date:	02/13/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	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:

The patient is a 52-year-old male who was injured while working in maintenance. He was emptying trash in a bin, and the lid shut and hit him in the back. The accident occurred around the end of the day. The next day, he had back pain and difficulty walking. The patient informed his employers that he could not work on account of his injury and that he wanted a medical evaluation. He was evaluated by his employer's medical clinic and treated with injections in his hips and Motrin. After ten days, the clinic told the patient to return to work doing light duty. He still did not feel capable of working and says the clinic never did radiographs. He tried doing light duty until January 7, 2002, when he was laid off for lack of work. The patient says that the company did not have contracts, and one of the owners had died (he does not recall when). The patient felt bad when he was laid off because "it's difficult to find work." He looked for employment for a while, but no one hired him, which made him feel worse emotionally. The patient's attorney referred him to a physician who treated him until April of 2004. The patient relates that he was receiving disability benefits, and then his case was settled. He received benefits until May 2004. He was able to subsist "not very well" on disability and his wife's salary. The patient says he had headaches from thinking about his financial problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy (CBT), one visit per week for 3 months for a total of 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain, Chronic Pain Medical Treatment Guidelines (May 2009), ODG Psychotherapy Guidelines, and the Official Disability Guidelines, Mental Health & Stress.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on behavioral interventions states the following: "The identification and reinforcement of coping skills is often more useful in the treatment of pain than on-going medication or therapy, which could lead to psychological or physical dependence." In terms of the number of visits, guidelines recommend, "with evidence of objective functional improvement, [a] total of up to 6-10 visits over 5-6 weeks (individual sessions)". In this case there is no evidence of a diagnosis of Post Traumatic Stress Disorder. It is clear that a total of up to 6-10 visits are in keeping with guidelines. 12 psychotherapy sessions would exceed that guideline and, as such, are not medically necessary per MTUS.

Homecare assistance by a psyche technician or LVN-level provider for 24/7 care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services;

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: Chronic Pain Medical Treatment Guidelines state on page 51 that home health services are recommended only for otherwise-recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. The guidelines clearly allow only 35 hours per week. The current request for 24/7 home care exceeds guideline limits and, as such, is not medically necessary.

Stress management, 1 visit per week for 3 months for a total 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on behavioral interventions states the following: "The identification and reinforcement of coping skills is often more useful in the treatment of pain than on-going medication or therapy, which could lead to psychological or physical dependence." In terms of the number of visits, guidelines recommend, "with evidence of objective functional improvement, [a] total of up to 6-10 visits over 5-6 weeks

(individual sessions)". In this case there is no evidence of a diagnosis of Post Traumatic Stress Disorder. It is clear that a total of up to 6-10 visits are in keeping with guidelines. 12 psychotherapy sessions would exceed that guideline and, as such, are not medically necessary per MTUS.

1 prescription for Wellbutrin XL, 150mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants - Bupropion (Wellbutrin®), Wellbutrin® (bupropion) Page(s): 16,125.

Decision rationale: In this case, Wellbutrin would be appropriate for the patient. The request as received by this reviewer was for a 30 day supply of Wellbutrin XL, 150 mg. This is medically appropriate.

1 prescription for Neurontin, 300mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: The patient has been getting 60 capsules (or tablets) of Neurontin monthly. Gabapentin (Neurontin) is effective for back pain which the patient has. It has low abuse potential. It is medically necessary for this patient.

1 prescription of Remeron, 15mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter on Pain (chronic), section on anxiety treatment in chronic pain.

Decision rationale: Remeron can help with anxiety according to the ODG guidelines above. A 30 day supply of Remeron is medically necessary.