MAXIMUS Federal Services

| Case Number: | CM13-0016006 | | |
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| Date Assigned: | 10/10/2013 | Date of Injury: | 02/15/2001 |
| Decision Date: | 01/16/2014 | UR Denial Date: | 07/29/2013 |
| Priority: | Standard | Application Received: | 08/23/2013 |

## 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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 female who reported an injury on 02/13/2001. Her diagnoses are listed as major depressive disorder and pain disorder with psychological factors. It was noted at her 04/08/2013 visit that she reported slight improvement in her mood and showed compliance with her treatment. It was also noted that she had been instructed in several breathing and relaxation exercises to help her cope with the stress that often exacerbated her depressive symptoms. The objective findings noted a slightly brighter mood, she was able to focus slightly better during the session, and she was able to discuss her fears and limitations in a more constructive manner. A treatment plan was noted for continued individual psychotherapy sessions once a week, stress management sessions once a week, and psychopharmacology once a month for the next 3 months. It was noted that the patient was taking Abilify 25 mg at bedtime and Cymbalta 60 mg daily. It also noted that she was in need of 24/7 home care assistance by a psych technician or LVN nurse provider, as well as transportation to all medical appointments in order to prevent further hospitalization.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Weekly Stress management sessions for 3 months.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS Guidelines state that psychological treatment is recommended for appropriately-identified patients during the treatment for chronic pain. Psychological intervention for chronic pain should include setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, as well as assessing psychological and cognitive function, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and post-traumatic stress disorder. It further states that if pain is sustained in spite of continued therapy, including physical therapy treatments, more extensive care may be required from mental health professionals, allowing for a multidisciplinary treatment approach. It was noted that the patient had shown a slight improvement in her mood with prior psychological treatments; however, it also stated that further treatment was needed to include stress management, psychopharmacology, as well as home care assistance by a psych tech or LVN in order to prevent further hospitalization. As the documentation provided does not make the extent of the patient's condition clear, including how well she has improved in previous treatments and whether there is an indication for a more intensive approach from a multidisciplinary team, the request is not supported. For this reason, the request is non-certified.

**Psychopharmacology evaluations for 3 months.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

**Decision rationale:** The Physician Reviewer's decision rationale:California MTUS Guidelines state that psychological treatment is recommended for appropriately-identified patients during the treatment for chronic pain. Psychological intervention for chronic pain should include sitting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, as well as assessing psychological and cognitive function, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and post-traumatic stress disorder. It further states that if pain is sustained in spite of continued therapy, including physical therapy treatments, more extensive care may be required from mental health professionals, allowing for a multidisciplinary treatment approach. It was noted that the patient had shown a slight improvement in her mood with prior psychological treatments; however, it also stated that further treatment was needed to include stress management, psychopharmacology, as well as home care assistance by a psych tech or LVN in order to prevent further hospitalization. As the extent of the patient's condition is not clear, including how well she has improved in previous treatments and whether there is an indication for a more intensive approach from a multidisciplinary team, the request is not supported. For this reason, the request is non-certified.

**Homecare assistance 24/7 by psyche technician of LVN nurse provider.:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state that home health services are recommended only for otherwise recommended medical treatment for patients who are home-bound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. It was noted that the patient required 24 hour a day home care assistance by a psych technician or LVN nurse level provider, as well as transportation to all medical appointments in order to prevent further hospitalization. As home health services are only noted to be recommended on a part-time or intermittent basis, this request is not supported. Therefore, the request is non-certified.