

Case Number:	CM13-0027420		
Date Assigned:	03/14/2014	Date of Injury:	10/04/2001
Decision Date:	04/15/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychology, 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 expert 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 claimant is a 55 year-old male [REDACTED] with a date of injury of 10/4/01. The claimant sustained a work-related injury while working for [REDACTED] however, the mechanism of injury was not found in the included medical records. In the "Primary Treating Physician's Supplemental Report" dated 10/24/13, [REDACTED] diagnosed the claimant with the following: (1) Complex regional pain syndrome, right upper extremity; (2) Chronic pain syndrome; (3) Urological diagnosis; and (4) Psychological diagnosis. In her 10/16/13 PR-2 report, treating psychologist, [REDACTED], diagnosed the claimant with Major depressive disorder, single episode, severe with psychotic features. It is the claimant's psychiatric diagnosis that is most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDIVIDUAL CBT (COGNITIVE BEHAVIORAL THERAPY) X 24: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BEHAVIORAL INTERVENTIONS, PAGE 23

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL ILLNESS AND STRESS CHAPTER

Decision rationale: Based on the review of the medical records, the claimant has been receiving psychological services for quite some time. In her "Supplemental Report" dated 11/4/13, ■■■■■ indicated that the claimant has completed a total of "491 psychotherapy sessions to date and 320 group therapy sessions completed to date." She further states, "Functional improvement is as follows: the Pt reports being able to walk without concentrating on his pain and limitations. He reports better communication skills that aid in his progress. The patient reports improved attention span and concentration due to the relaxation therapy exercises from this office." Despite this information, the claimant has received an enormous amount of psychotherapy with minimal functional gains. The functional improvements noted by ■■■■■ are not objective, but based on the claimant's subjective reports. In the most recent PR-2 report submitted by ■■■■■, the claimant actually reported feeling better. Although the claimant is considered permanently disabled and his condition is chronic, the request for an additional 24 CBT sessions appears excessive. The claimant recently reported feeling better and 24 sessions does not allow for any reassessment to occur within a reasonable time period. As a result, the request for "individual cbt (cognitive behavioral therapy) x 24" is not medically necessary.

GROUP THERAPY SESSIONS X 12: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL ILLNESS AND STRESS CHAPTER.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL ILLNESS AND STRESS CHAPTER

Decision rationale: Based on the review of the medical records, the claimant has been receiving psychological services for quite some time. In her "Supplemental Report" dated 11/4/13, ■■■■■ indicated that the claimant has completed a total of "491 psychotherapy sessions to date and 320 group therapy sessions completed to date." She further states, "Functional improvement is as follows: the Pt reports being able to walk without concentrating on his pain and limitations. He reports better communication skills that aid in his progress. The patient reports improved attention span and concentration due to the relaxation therapy exercises from this office." In the most recent PR-2 report submitted by ■■■■■, the claimant actually reported feeling better. Although the claimant reported feeling better, he is considered permanently disabled and his condition is chronic. He does appear to be benefitting from the group therapy sessions. The request for an additional 12 sessions appears reasonable. As a result, the request for "group therapy sessions x 12" is medically necessary.

HOME HEALTH CARE 24 HOURS / DAY X 7 DAYS / WEEK W/ TRANSPORTATION - (NO DURATION PROVIDED): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER (ONLINE).

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

Decision rationale: According to [REDACTED] 10/24/13 "Primary Treating Physician's Supplemental Report", the claimant "...is essentially confined to a wheelchair...He is completely dependent upon his caregivers for all activities of daily living including bathing, dressing, cooking, cleaning and housekeeping duties and driving. He requires assistance with all of these activities. " It is clear from [REDACTED] report that the claimant requires assistance however, the request for 24/7 care exceeds the guideline set forth by the CA MTUS. In addition, the request did not include a duration of time for the requested services. As a result, the request for "home health care 24 hours / day x 7 days / week w/ transportation - (no duration provided)" is not medically necessary.