

<b>Case Number:</b>	CM13-0032062		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	03/27/2002
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 59-year-old female with a date of injury of 03/27/2002. The listed diagnoses per Dr. Konstat are major depressive disorder, sleep disorder. According to progress report 08/14/2013, the patient presents with major depressive disorder and sleep issues. The psychiatric examination revealed slightly better and brighter mood. There was noted improvement with therapy. Treatment history includes CBT. The treater is requesting home care assistant preferably by a psych technician or LVN, transportation to and from all medical appointments, psychopharmacological management once monthly for next 3 months and individual cognitive therapy in Spanish once weekly for the next 3 months. Utilization review denied the request for home care assistant, transportation, and cognitive therapy, and approved the request for psychopharmacological management on 09/19/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **HOME CARE ASSISTANCE PREFERABLY BY PSYCH TECHNICIAN OR LVN:**

Upheld

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

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

**Decision rationale:** This patient presents with major depressive disorder and sleep issues. The treater is requesting a home care assistant preferably by a psych technician or LVN as the patient has major depressive disorder. The MTUS page 51 has the following regarding home services, 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. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, there are no significant physical findings that would require a home healthcare. The scope and duration of the request is not provided. There are no discussions regarding the patient's specific functional needs that require assistance and the medical justification for the deficits. The MTUS recommends home care assistance for patients that require medical treatment and are home-bound. The request is not medically necessary.

**TRANSPORTATION TO AND FROM ALL MEDICAL APPOINTMENTS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: AETNA guidelines on transportation: aetna.com.

**Decision rationale:** This patient presents with major depressive disorder and sleep issues. The treater is requesting transportation to and from all medical appointments. The MTUS, ACOEM and ODG guidelines do not discuss transportation. The AETNA guidelines do support transportation services if it is essential to medical care. Evidence of medical necessity that specifically identifies the medical condition needs to be provided. In this case, the treater does not provide such information other than simply recommending transportation. The medical necessity of transportation services was not established as the treater does not discuss if patient lives alone or why patient would not be able to arrange her own transportation. The request is not medically necessary.

**INDIVIDUAL COGNITIVE BEHAVIORAL THERAPY IN SPANISH ONCE WEEKLY FOR THE NEXT 3 MONTHS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, MTUS, pg. 23.

**Decision rationale:** This patient presents with major depressive disorder and sleep issues. The treater is requesting individual cognitive therapy in Spanish once weekly for the next 3 months. The medical file provided for review indicates the patient has had prior CBT with improvement. The MTUS guidelines do recommend identification and reinforcement of coping skills for management of chronic pain. When cognitive behavioral therapy is indicated, MTUS recommends starting with an initial trial of 3-4 sessions, and with improvement, up to 6-10 sessions. The number of sessions received to date is unclear. The treater does note improvement

from prior sessions. MTUS recommends with documented improvement up to 6-10 sessions. In this case, the treater's request for additional 12 sessions exceeds what is recommended by MTUS. The request is not medically necessary.