

Case Number:	CM13-0039300		
Date Assigned:	01/15/2014	Date of Injury:	03/20/2003
Decision Date:	04/15/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	10/04/2013

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 Psychiatry and Neurology, 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 63-year-old with date of injury 03/02/2003. Date of UR decision was 8/30/2013. The patient experienced work related injury resulting in chronic pain and psychological symptoms. She started receiving psychotropic medications and individual counseling for the same. Was hospitalized for psychiatric care from 05/21/13 till 06/06/13 due to depressive episode with active suicidal ideations. Progress report from 09/05/13 with date of exam 8/17/13 lists subjective complaints of recurrent depression, low motivation, frequent crying episodes due to non resolution of pain. Objective findings include "presents with pain but better emotionally". The patient has been diagnosed with Major Depressive disorder, recurrent, without psychotic features. Has been prescribed lexapro 10 mg/day, gabapentin 300 mg 1-2 tabs qhs, wellbutrin 150 mg/day, klonopin 0.5 mg qpm. Progress report from 10/21/13 lists subjective complaints of "complains of ongoing orthopedic pain and limitations". Objective findings of "elevated pain levels" The treating physician recommends home health 24 x7 "due to her deteriorated and orthopedic state. The patient needs medications administered to ensure proper instructions are followed and to avoid overdosing/underdosing. Currently, the patient remains high suicide risk and needs close monitoring". There is no documentation of any suicidal ideations/intent or plan from that day in the progress note cited above. Supplemental report from 11/06/13 stated that home health services were requested for personal hygiene care, aimed in assisting and encouraging in ADL's (activities of daily living) such as grooming, showering, to monitor medication intake and to encourage patient to develop work skills. The progress report from that day requests for home health 24x7 for 12 months

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE 24/7, NO DURATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT, HOME HEALTH SERVICES Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT, HOME HEALTH SERVICES Page(s): 51.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states "Home health services: 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 thirty-five 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. (CMS, 2004)" The request indicates '24x7 home health care'. The duration is unspecified in the request. The amount of time the care is requested for is excessive and medical necessity cannot be affirmed. Guidelines do not recommend any more than thirty-five hours/week of home health services, if the injured worker has specific needs that can be taken care of on part time or intermittent basis. The request for Home Health Care, 24/7, is not medically necessary or appropriate.

STRESS MANAGEMENT 1 TIMES PER WEEK, NO DURATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS, CHRONIC PAIN MEDICAL TREATMENT GUIDELINE. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT, PSYCHOLOGICAL TREATMENT Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy Chapter.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states "Behavioral interventions: Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: - Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) It is unclear as to what the treating physician means by stress management. The request does not specify the length of time stress management is requested for.

As cited above, behavioral interventions are recommended. The request for stress management, once per week with no duration, is not medically necessary or appropriate.

MEDICATION MANAGEMENT 1 TIME PER WEEK FOR 2 MONTHS (8 VISITS):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness, Office Visits and Stress Related Conditions Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness, Office Visits and Stress Related Conditions Section.

Decision rationale: According to the Stress Related Conditions Chapter of the ACOEM Practice Guidelines " Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns." ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. " Progress report from 8/17/13 states that the injured worker has objective findings of "presents with pain but better emotionally". The patient is also taking psychotropic medications. The request for medication management, once per week for two months is not medically necessary or appropriate.