

Case Number:	CM13-0039907		
Date Assigned:	12/20/2013	Date of Injury:	07/26/2003
Decision Date:	03/17/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/28/2013

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 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 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 claimant is a 47 year old male with a date of injury of 7/26/03. The claimant sustained an injury to his back when he held the elevator door open for two employees who were pushing a cart full of drywall. The drywall tipped over and fell onto the claimant's chest, pinning him against a wall for 10 minutes. He sustained this injury while working for [REDACTED]. In his PR-2 report dated 10/18/13, [REDACTED] diagnosed the claimant with the following: (1) End-stage chronic pain syndrome (kinesophobia; bilateral shoulder adhesive capsulitis; sleep disorder; erectile dysfunction, hyperactive sexual desire; fecal/urinary incontinence; gastroesophageal reflux disease); (2) Severe left lumbar radiculitis; (3) Cervical spondylosis; (4) Bilateral knee patellofemoral arthralgia; (5) Morbid obesity; (6) Major depression with recurrent suicidal ideation; (7) Narcotic dependency; (8) New onset diabetes mellitus. Additionally, he has developed psychiatric symptoms and complaints secondary to his work related injury. He is diagnosed by [REDACTED] with Major depressive disorder, single episode, severe, without psychotic behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

24/7 Home Care Assistant: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Medical Treatment Guidelines, page 51 Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Medical Treatment Guidelines,(Effective July 18,2009), Home Health Services.

Decision rationale: The CA MTUS guideline regarding home health services for the treatment of chronic pain is being used as reference for this case. The request is being made so that the claimant will have help and encouragement to complete his ADL's. Although the claimant does require some assistance, the request for a "24/7 home care assistant" appears excessive. The guidelines specifically indicate that the services are "generally no more than 35 hours per week". As a result, the request for a "24/7 home care assistant" is not medically necessary.

Cognitive Behavioral Therapy Sessions in Spanish Twice (2) a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Medical Treatment Guidelines, page 23 Page(s).

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: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the behavioral treatment of depression will be used as references for this case. Based on the review of the medical records, the claimant has received psychiatric and/or psychological services on and off since his injury in 2003. He began services with [REDACTED] following her 8/19/11 crisis intervention report. It appears that the claimant has had individual and group psychotherapy with [REDACTED] and medication management services with [REDACTED] since that time. The total number of psychotherapy sessions and medication management visits is unknown. Given that the claimant has been designated as permanent and stationary since 5/25/12, the total number of sessions set forth by the ODG does not apply in this case. Despite this, the request for continued "Cognitive Behavioral Therapy Sessions in Spanish twice (2) a week" is not specific enough as it does not indicate how many sessions are being requested and for what duration of time. As a result, the request for continued "Cognitive Behavioral Therapy Sessions in Spanish twice (2) a week" is not medically necessary.

Group Therapy Twice(2) a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Medical Treatment Guidelines, page 23 Page(s).

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: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the behavioral treatment of depression will be used as references for this case. Based on the review of the medical records, the claimant has received

psychiatric and/or psychological services on and off since his injury in 2003. He began services with [REDACTED] following her 8/19/11 crisis intervention report. It appears that the claimant has had individual and group psychotherapy with [REDACTED] and medication management services with [REDACTED] since that time. The total number of psychotherapy sessions and medication management visits is unknown. Given that the claimant has been designated as permanent and stationary since 5/25/12, the total number of sessions set forth by the ODG does not apply in this case. Despite this, the request for continued "Group Therapy twice (2) a week" is not specific enough as it does not indicate how many group sessions are being requested and for what duration of time. As a result, the request for continued "Group Therapy twice (2) a week" is not medically necessary.

Monthly Psychopharmacology Management for the next three(3) months: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines, 2nd Edition, (2004), chapter 7, page 503

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: The CA MTUS does not address the use of psychopharmacology management therefore, the Official Disability Guideline regarding the use of office visits will be reference in this case. Based on the review of the medical records, the claimant has been receiving psychiatric services on and off since his injury in 2003. He has been treated by varying psychiatrists and has been receiving services from [REDACTED] since approximately September 2011. The claimant is being treated with psychotropic medications that require consistent monitoring. As a result, the request for "monthly Psychopharmacology Management for the next three (3) months" appears appropriate and is therefore, medically necessary.