

<b>Case Number:</b>	CM13-0046427		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/26/1991
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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, 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 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 56 year old male with date of injury 4/26/91. Primary treater's psychologist report dated 9/6/13 indicates a diagnosis of Major Depressive Disorder, Single Episode, Severe with Psychotic Features 296.24. PTP report from pain management dated 10/8/13 indicates the patient has continued depression and is being treated by psychologist. Additionally chronic pain syndrome, chronic cervical and lumbar sprain/strain is present. Utilization review denial dated 10/17/13 is reviewed for Psychopharmacological Management 1x/month x 3 months, CBT 1 x week x 3 months, Home Health Care 24/7 x 3 months, Transportation to all appointments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychopharmacological management 1 month for 3 months: 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127.

**Decision rationale:** This patient presents with Major Depressive Disorder and request is made for Psychopharmacological Management 1x/month x 3 months. This request was denied by the utilization reviewer on letter 10/17/13. The rationale was that "there is no documentation of an

ongoing treatment plan." The body of the letter appears to support physician monitoring of medications. The reports reviewed indicate that the patient has a better mood and affect as a result of Diazepam, Topiramate, Zoloft and Zyprexa as prescribed by his psychiatrist. The ACOEM guidelines allow for referral to a specialist when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Recommendation is for authorization.

**CBT 1 x week 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 Page(s): 23.

**Decision rationale:** The MTUS guidelines for CBT indicate that an 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. The current request is for 12 sessions which exceeds what is recommended by MTUS guidelines. Review of the treater's report from 9/6/13 shows that the patient has better affect and mood due to medications, reports better pain management coping skills and awareness of the triggers. He has asked for 12 additional cognitive behavioral therapy (CBT) sessions. However, he does not explain why this patient requires on-going treatments when the patient is doing well currently. Review of the reports show that the patient has received CBT for over 1 year with greater than 10 visits. It would appear that the patient has had adequate cognitive therapy thus far. Recommendation is for denial.

**Home Health care 24/7 x 3 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

**Decision rationale:** The MTUS guidelines for Home Health Services are recommended only for medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. The request is from report 9/6/13, a psychologist. He simply states "Need: 24/7-Homecare assistance and transportation." There is no rationale as to why this patient requires home health aide. There are no discussion regarding the patient's home situation, whether or not the patient is alone, what the ADL abilities are, etc. Report by [REDACTED] from 10/8/13 would show that the patient is able to ambulate with a cane. There is no mention that the patient is home-bound. Recommendation is for denial.

**Transportation to all appointments: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA guidelines on transportation: ([www.aetna.com](http://www.aetna.com))

**Decision rationale:** The request for transportation to all appointments is not addressed in MTUS or ODG guidelines. The Aetna Guidelines are referenced in this case state that it may be an eligible medical expense. However the medical records reviewed do not demonstrate medical necessity, (that the patient is incapable of driving, has cognitive dysfunction preventing driving, or physical limitations that prevent driving). The guideline does not allow for regular commuting costs for an individual with a physical disability. The recommendation is for denial.