

Case Number:	CM13-0057345		
Date Assigned:	12/30/2013	Date of Injury:	01/08/2009
Decision Date:	04/03/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/25/2013

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 Texas. 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 54-year-old male who reported an injury on 01/08/2009. The mechanism of injury was noted to be the patient was involved in bus-pedestrian accident that resulted in death of the pedestrian. The patient was under psychological treatment in 2012 per documentation. The most recent documentation of 06/13/2013 revealed the patient was in a state of crisis and there was a request for a 72-hour hold and if needed an additional 14 days of inpatient hospitalization due to the patient's state of crisis. The patient reported that life was not worth living and he was feeling frustrated, hopeless, useless, and helpless as a result of not being able to stop his mental pain and flashbacks from the date of injury while he was driving a bus and killed a pedestrian. The patient's diagnoses was noted to be post-traumatic stress disorder and major depressive disorder, single episode severe with psychotic features. The patient's medications were noted to be Latuda 80 mg daily, Haldol 5 mg 1 every 8 hours as needed for agitation, Cogentin 1 mg daily, Paxil 60 mg daily, Remeron 30 mg at bedtime, Klonopin 2 mg at bedtime, and Topamax 50 mg twice a day. The submitted request was for individual cognitive behavior therapy 4 times per week and a psych technician or LVN for 24/7 home care.

IMR ISSUES, DECISIONS AND RATIONALES

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

psyche technician or LVN for 24/7 home care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51, 23, 101-102.

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

Decision rationale: California MTUS Guidelines indicate home health services are recommended only for patients who are homebound and who are in need of part-time or intermittent medical treatment of up to 35 hours per week. Medical treatment does not include homemaker services or home health aide services. The most recent note submitted with the request was from 06/13/2013 and it failed to indicate the patient was homebound and in need of medical treatment. There was lack of documentation per the submitted request for the duration of care being requested. Given the above, the request for psych technician or LVN for 24/7 home care is not medically necessary.

request for individual cognitive behavioral therapy (CBT) 4 times per week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cognitive Behavioral therapy (CBT) guidelines for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23.

Decision rationale: California MTUS Guidelines indicate cognitive behavior therapy is appropriate for patients with chronic pain with an initial trial of 3 to 4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, a total of up to 6 to 10 visits. The clinical documentation submitted for review indicated the patient has been under treatment since 2012. There was lack of documentation indicating the patient had not previously received cognitive behavioral therapy and if the patient was, there was a lack of documentation indicating the quantity of sessions the patient attended. There was a lack of documentation indicating the patient had objective functional improvement. Given the above, and the lack of clarity, the request for individual cognitive therapy 4 times per week with lack of duration is not medically necessary.