

Case Number:	CM13-0058596		
Date Assigned:	03/31/2014	Date of Injury:	03/13/2001
Decision Date:	05/08/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/27/2013

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 Occupational Medicine, 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 56 year old female who was injured on 03/13/2001. The mechanism of injury is unknown. Prior treatment history has included the following medications: Ultram, Lyrica, Lunesta, Lidoderm, Seroquel, Cymbalta, Fioricet, and Melatonin. Diagnostic studies reviewed include CPAP/Bilevel therapy with the diagnosis: Obstructive sleep apnea syndrome. Daytime hypersomnia with oxygen desaturation and sleep fragmentation mostly due to respiratory events. A urine toxicology result was negative for all medication, date unknown. A Crisis Intervention Report from [REDACTED], QME dated 04/05/2013 states that due to the patient's active suicidal ideation, the best course of action would be to intervene with psychiatric hospitalization. Inpatient Psychiatric note dated 04/06/2013 documents the patient is admitted for observation and suicide watch after having made a suicide attempt on 04/05/2013. Diagnoses include: major depression, recurrent severe without psychotic seizures; Chronic neck and back pain secondary to work related injury; Financial issues, mental health issues, lack of medication prior to admission including lack of Cymbalta; Global assessment of functioning is currently 20. A PR-2 10/24/2013 documented the patient to have many complaints. She reports that she has been so dizzy that she almost passed out. She reports jaw pain that is intolerable. She has persistent knee pain and ongoing problems with sleep. She is requesting home care assistance and more therapy in terms of pool therapy and acupuncture. Objective findings on exam included the patient remains depressed. There is diffuse axial spine tenderness. There is right knee tenderness without effusion. There is bilateral TMJ tenderness and clicking.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY (CBT) SESSIONS, 3 TIMES A WEEK 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Behavioral interventions.

Decision rationale: Based on the information provided in the medical records, the patient may be a candidate for CBT. It is not evident whether she has been screened for risk factors for delayed recovery. An initial evaluation may be indicated. The Official Disability Guidelines recommend an initial trial of 3-4 psychotherapy visits. Additional sessions may be recommended pending objective evidence of functional improvement, with a total of up to 6-10 visits over 5-6 weeks. The request for CBT 3 times per week for 3 months is not medically necessary and appropriate.

GROUP THERAPY, 1 TIME A WEEK 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Psychological Treatment Page(s): 101-102.

Decision rationale: According to the MTUS Chronic Pain Guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self regulatory treatments have been found to be particularly effective. Based on the medical records provided, there is support that the patient is a candidate for CBT, in which case an initial trial of 3-4 sessions may be recommended. Consequently, psychological treatment in the form of cognitive therapy is the preferred treatment, such as separate group therapy is not medically necessary. Furthermore, in the absence of objective functional improvement, a prolonged course of psychological treatment of group therapy would not be supported. The request is not medically necessary and appropriate.

MEDICATION MANAGEMENT, 1 TIME A 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: The ACOEM guidelines state "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral." Medication management is a standard and routine part of medical care and patient management. It is reasonable that management of the patient's medications would be performed as part of the routine duties of her primary treating physician. The medical necessity of the request for monthly medication management for 3 months is not established.

HOME CARE ASSISTANCE BY A PSYCH TECHNICIAN OR LVN LEVEL PROVIDER, 24/7: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, Home health services are recommended only for patients who are homebound, 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. The request for 24/7 home care assistance is not supported by the MTUS Chronic Pain Guidelines. The patient is homebound. Further the request is requiring a decision for 24 hours per day 7 days a week of home care, ongoing, which grossly exceeds the maximum of 35 hours per week as mentioned in the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary and appropriate.

TRANSPORTATION TO ALL MEDICAL APPOINTMENTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg

Decision rationale: The medical records do not document any physical limitations or disabilities preventing the patient from self-transportation. The ACOEM Guidelines state to optimize the chances of success, the patient's family or support system must be enlisted in the recovery effort. Co-dependent or enabling behavior will markedly impede the recovery effort. It is reasonable that the patient would be able to transport herself to and from appointments, and

potentially enlist the assistance of family and friends with transportation. The medical necessity of the request for transportation has not been established.