

Case Number:	CM13-0064584		
Date Assigned:	01/03/2014	Date of Injury:	10/28/2006
Decision Date:	03/27/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/12/2013

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 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 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:

Employee with date of injury on 10/28/2006. Date of UR decision was 11/18/2013. The injury resulted from two tires falling on his head and shoulders that resulted in unconsciousness. Per Secondary Treating Physician's Progress report dated 11/6/2013 states that injured worker "is in constant post op neck pain. Neck and low back pain is worse compared to last visit. Quality of life is limited secondary to pain. Current medications norco, cymbalta, neurontin and senna provide 30% symptomatic relief". Per Neurosurgeon's progress report dated 12/11/2013, he continues to experience bilateral hand numbness, low back pain with radiation to lower extremities, has bouts of dizziness and has fallen a few times. He has difficulty ambulating and uses a cane. Psychologist's progress report from 10/08/2013 lists the diagnosis of Major depressive disorder, severe with recurrent features and R/O Cognitive ds NOS. It states that there has been an exacerbation of depressive symptoms due to increased pain level s/p cervical neck surgery. Objective findings include elevated pain levels, difficulty with memory and concentration due to pain. Psychotropic medications have included Zoloft, risperidal, neurontin, topamax. Secondary Physician's progress reports state "patient is unable to perform his regular housekeeping as well as activities of daily living that require repetitive bending, squatting, lifting, kneeling and heavy lifting" and thus home health assistance is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Homecare assistant by psych technician or LVN level provider: Upheld

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

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

Decision rationale: MTUS states "Home health services are 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 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. (CMS, 2004)" The reviewed documentation does not suggest that the injured worker is completely homebound or unable to perform any ADL's. Thus medical necessity for home health services cannot be affirmed at this time.

Transportation to all medical 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 Medicare Benefit Policy Manual Chapter 10 - Ambulance Services

Decision rationale: Medicare Benefit Policy Manual Chapter 10 - Ambulance Services states "Medical necessity is established when the patient's condition is such that use of any other method of transportation is contraindicated. In any case in which some means of transportation other than an ambulance could be used without endangering the individual's health, whether or not such other transportation is actually available, no payment may be made for ambulance services." The reviewed documentation does not reflect that the injured worker is unable to take any other form of transportation. He is able to ambulate with a cane. Medical necessity for transportation to all medical appointments cannot be affirmed.

Group therapy once a week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Psychological treatments Page(s): 23, 101-102.

Decision rationale: MTUS states "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. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. " It also recommends - "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)" The injured worker has received group therapy in the past and has shown improvement. Information regarding how many sessions of group therapy he received and documented evidence of "objective functional improvement" is not available. Additional information is required to affirm medical necessity.

Six (6) individual CBT bi-weekly sessions: 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), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 101-102.

Decision rationale: California MTUS states that behavioral interventions are 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening 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 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) The request for 6 CBT sessions is excessive according to the MTUS guidelines as stated above. Medical necessity for 6 CBT sessions cannot be affirmed as MTUS suggests initial trial of 3-4 psychotherapy visits over 2 weeks.

Medication management once a month: 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 Official Disability Guidelines (ODG), Mental Illness & Stress, Office Visits

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some

medications 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 health care system through self care as soon as clinically feasible" The request does not specify the number of medication management visits required, the goals of treatment etc. Additional information is required to affirm medical necessity.