

Case Number:	CM14-0001229		
Date Assigned:	01/22/2014	Date of Injury:	04/05/2001
Decision Date:	03/27/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/03/2014

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 and Rehabilitation, and is licensed to practice in Illinois. 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 47-year-old male who reported an injury on 04/05/2001. The mechanism of injury was not specifically stated. The patient is diagnosed with major depressive disorder. The patient was seen by [REDACTED] on 07/29/2013. The patient reported a flare up of orthopedic pain. It was noted that psychotherapy treatment has helped the patient to make adjustments to cope with mood and limitations. Objective findings only included substantial pain. Treatment recommendations included cognitive behavioral therapy sessions once per week, group stress management sessions once per week, continuation of current medications, and a 24/7 home care assistant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Cognitive Behavior Therapy x the series of 12 visits: Upheld

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

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

Decision rationale: The California MTUS Guidelines utilize ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain, which allow for an initial trial if 3 to 4 psychotherapy

visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. As per the documentation submitted, the patient has previously participated in cognitive behavioral therapy sessions. However, there is no evidence of objective functional improvement. The current request for 12 sessions exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Group Therapy x the series of 12 visits: Upheld

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

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

Decision rationale: The California MTUS Guidelines utilize ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain, which allow for an initial trial if 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. As per the documentation submitted, the patient has previously participated in cognitive behavioral therapy sessions. However, there is no evidence of objective functional improvement. The current request for 12 sessions exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

.24/7 Homecare Assistance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Pain (updated 11/14/13): Home Health Services

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

Decision rationale: The California MTUS Guidelines state 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. As per the documentation submitted, there is no evidence of a significant musculoskeletal or neurological deficit. There is no indication that this patient is homebound and does not maintain assistance from outside resources. The current request for home care assistance 24 hours per day, 7 days per week exceeds guideline recommendations. The medical necessity for the requested service has not been established. As such, the request is non-certified.