

<b>Case Number:</b>	CM14-0002895		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	07/26/2003
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 licensed 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 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 injured worker is a 47 year old male who reported an injury on 07/26/2003, due to a cart of drywall estimating 2,000 lbs falling forward onto him. The clinical dated 08/08/2013 presented the injured worker with testicular pain, urinary incontinence, fecal incontinence, back pain, depression, anxiety, increased irritability, and weakness in the legs. Physical exam findings included grimacing, groaning, moderate distress, exaggerated pain response, and multiple positive waddell signs. The provider is requesting group therapy 2x a week, 24/7 homecare assistance by psych technician or LVN, individual CBT 2x a week, and transportation. The request for authorization form is dated 11/14/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **GROUP THERAPY 2X/WEEK: 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 Cognitive Behavioral Therapy Page(s): 23.

**Decision rationale:** The request for group therapy 2x a week is not medically necessary. CA MTUS Guidelines recommend considering separate psychotherapy CBT referral after 4 weeks if

lack of progress from physical medicine alone. There is an initial trial of 3-4 psychotherapy visits over 2 weeks, then with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. The request does not include the amount of weeks or number of sessions being requested. It was unclear if the injured worker had significant psychological symptomatology which would indicate their need group therapy. Also, there is no reference to the amount of weeks or number of sessions that are being requested. Therefore, the Group Therapy is not medically necessary and appropriate.

**24/7 HOMECARE ASSISTANCE BY PSYCH TECHNICIAN OR LVN: Upheld**

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

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

**Decision rationale:** The request for 24/7 homecare assistance by psych technician or LVN is not medically necessary. The California MTUS guidelines recommend home health for medical treatment for injured workers 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 homecare assistance exceeds the recommendations of the guidelines. It was unclear within the documentation what specific services the injured worker would require; the requesting physician's rationale was unclear. Therefore, the request is not medically necessary.

**INDIVIDUAL CBT 2X/WEEK: 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 Cognitive Behavioral Therapy Page(s): 23.

**Decision rationale:** The request for individual CBT 2x a week is not medically necessary. The California MTUS guidelines recommend screen 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 a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone. There is an initial trial of 3-4 psychotherapy visits over 2 weeks, then with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. The request does not include the amount of weeks or number of sessions being requested. It was unclear if the injured worker had significant psychological symptomatology which would indicate their need for individual psychotherapy. Therefore, the request is not medically necessary.

**TRANSPORTATION:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & leg, Transportation.

**Decision rationale:** The Official Disability Guidelines recommend transportation for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. The provided documents lacked evidence of the injured workers inability to self-transport, therefore the Transportations is not medically necessary and appropriate.