MAXIMUS Federal Services

Case Number:	CM14-0019728		
Date Assigned:	04/23/2014	Date of Injury:	03/27/2002
Decision Date:	07/03/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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 58-year-old female who reported an injury on 03/27/2002. The mechanism of injury was not stated. Current diagnoses include major depressive disorder and sleep disorder. The injured worker was evaluated on 11/11/2013. The injured worker reported fatigue, decreased energy, persistent sadness, and anxiety. Objective findings were not provided. Treatment recommendations included cognitive behavioral therapy with psychopharmacology management for the next 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) COGNITIVE BEHAVIORAL THERAPY SESSIONS (ONCE 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 (ODG) Official Disability Guidelines, Cognitive-Behavioral Therapy (CBT).

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

Decision rationale: California MTUS Guidelines state cognitive behavioral therapy is recommended. California MTUS Guidelines utilize ODG Cognitive Behavioral Therapy

Guidelines for Chronic Pain which allow for an initial trial of 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 injured worker has participated in an unknown amount of cognitive behavioral therapy since 2008. Despite ongoing therapy, the injured worker continues to report decreased energy, persistent sadness, anxiety, and fatigue. Without evidence of objective functional improvement, ongoing treatment cannot be determined as medically appropriate. As such, the request is not medically necessary and appropriate.

THREE (3) PSYCHOPHARMACOLOGY MANAGEMENT SESSIONS (ONCE 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 ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation OMPG.

Decision rationale: California MTUS/ACOEM Practice Guidelines state the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. As per the documentation submitted, there is no evidence of objective functional improvement as a result of ongoing psychotropic medication management. There is also no documentation of the current prescribed psychopharmaceuticals or documentation of a treatment plan for any such medication. Therefore, the medical necessity has not been established. As such, the request is not medically necessary and appropriate.

ONE HOME CARE ASSISTANCE BY A PSYCH TECHNICIAN OR LVN ON A 16/7 BASIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES.

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

Decision rationale: California MTUS Guidelines recommend home health services 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. There is no indication that this injured worker is currently homebound. There is also no documentation indicating that this injured worker is incapable of performing activities of daily living. The medical necessity has not been established. Therefore, the request is not medically necessary and appropriate.