

Case Number:	CM14-0126614		
Date Assigned:	08/13/2014	Date of Injury:	10/28/2006
Decision Date:	09/11/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/11/2014

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 Board Certified in Family 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:

This 51-year old male has a date of injury of 10/28/06. There are no details of the injury in the available records. Diagnoses listed in the records include chronic low back pain, failed back surgery syndrome, status post cervical discectomy and fusion, status post bilateral knee surgeries, status post left shoulder surgery, chronic pain syndrome, anxiety, depression, constipation, gastritis, hemorrhoids, gastroesophageal reflux, irritable bowel syndrome, obstructive sleep apnea, and multiple dental problems. A recent diagnosis was made of major depressive episode with psychotic features. A 6/16/14 note from his psychologist states that the patient presented in crisis on that date with recurrent thoughts of death, feelings that he did not want to continue living and a plan to take all of his medications at once and fall asleep forever. He had multiple physical complaints including neck and back pain, headaches, constipation and acid reflux. He also complained of fatigue and memory problems. The psychiatrist noted that his wife and two children have been providing home care and dispensing his medications. Current medications included Risperdal, Cogentin, Topamax, Zoloft, and Gabapentin. (Incidentally, the record contains a 5/21/14 report from the patient's Pain Management Specialist documenting concerns about duplicative prescribing since he, the pain specialist, was also prescribing Gabapentin and Zoloft in addition to Cymbalta, even though he did not really recommend the combination.) The psychologist arranged for immediate hospitalization. The patient was hospitalized on a voluntary basis on 6/17/14 and discharged on 6/30/14. The UR report makes reference to notes made on the day of discharge, as well as to notes made the following day by the patient's psychologist, which I was unable to find in the records available. At discharge, the patient was documented to be free of behavioral dyscontrol and as able to contract for safety. He denied any suicidal or homicidal ideation and he had been

given plans for aftercare, including an appointment with his local mental health provider. On the following day, the patient reported that the hospitalization had been helpful. The psychologist noted that his condition was delicate and that continued psychotherapy five times per week was indicated to provide the patient with coping skills, relaxation techniques, systematic desensitization therapy, and cognitive behavioral therapy. She also recommended 24/7 home care by a skilled LVN, to assist and encourage the patient in activities of daily living, to monitor his medication intake, and to assist the patient in controlling his feelings of frustration and desperation, especially when his suicidal ideation becomes active. The request for a 24/7 LVN for 3-6 months was denied in UR on 6/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twenty four hours a day for 7 days a week (24/7) Home care by skilled LVN 3-6 months:
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 MTUS guideline above recommends 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. Medical treatment does not include homemaker services like shopping, cleaning, laundry and personal care given by home health aides like bathing, dressing and using the bathroom when this is the only care needed. There is no evidence that this patient is homebound. In fact, it appears that his psychologist expects him to come to appointments five days per week, which would argue that he is probably not. The duties of the 24/7 LVN are vaguely described at best do not appear to involve any actual medical treatment. It is not clear how an LVN who is not a psychotherapist would assist the patient in controlling his feelings of frustration and desperation. The psychologist has already recommended daily sessions to address these issues. These problems should remain under her purview, not under the purview of someone untrained in psychotherapy. If the psychologist really feels that this patient is at imminent risk for suicide, she should arrange to have him readmitted to the hospital, not placed under the care of an LVN without any expertise in suicide prevention. Some of the services described, such as assisting with activities of daily living and monitoring the patient's medication intake do not require skilled medical personnel and are already being performed by the patient's family. They clearly had the wherewithal to bring him in for acute intervention when the situation warranted. It appears that this patient is actually at more risk of serious side effects due to medication duplications and incompatibilities as prescribed by his many providers, that he is overdosing at home. Based on these clinical findings and the guideline references, for its provisions are not met, 24/7 homecare for 3-6 months by an LVN is not medically necessary.