

Case Number:	CM14-0029698		
Date Assigned:	06/16/2014	Date of Injury:	07/19/2001
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/07/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic pain syndrome, anxiety, and depression reportedly associated with an industrial injury of July 19, 2001. Thus far, the applicant has been treated with the following: Psychotropic medications and unspecified amounts of psychotherapy over the course of the claim. In a Utilization Review Report dated February 20, 2014, the claims administrator partially certified a request for one-session cognitive behavioral therapy once a week for each of three to eight months as four total sessions of cognitive behavioral therapy. Three to six months of home health care were, conversely, denied outright. Four monthly medication management cycle pharmacology visits were partially certified. The claims administrator did not, it is incidentally noted, incorporate cited guidelines into the rationale of any decision. Non-MTUS 2008 ACOEM Guidelines and non-MTUS ODG Guidelines were cited, in part. The applicant's attorney subsequently appealed. In a progress note dated September 10, 2013, the applicant was described as having persistent complaints of low back and elbow pain status post earlier lumbar fusion surgery. The applicant's work status was not specified. In a psychological testing report of August 20, 2013, it was stated that the applicant had "extreme anxiety." It was suggested that the applicant was off of work from a mental health standpoint. In a psychiatric progress note of December 18, 2013, the applicant stated that he felt hopeless. The applicant was having issues with claustrophobia and apparently expressed suicidal ideation. The applicant was on Seroquel, Lunesta, and Nuvigil owing to a principle reported diagnosis of major depressive disorder with paranoid and suicidal attributes. Psychopharmacology and clinical behavioral therapy were sought. On February 11, 2014, it was stated that the applicant had reached maximal medical improvement and was "totally permanently disabled," psychologically. It was stated that the applicant continued to remain severely depressed. It was stated that the

applicant required 24-7 care given by his supportive family and might require hospitalization at a psychiatric facility for protracted amounts of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE FOR 3-6 MONTHS: 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: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment in applicants who are homebound and unable to attend conventional outpatient office visits. In this case, however, it is not clearly stated what medical services the applicant requires on a day-to-day basis. It appears that the attending provider is seeking home health services of facilitating the applicant's performance of non-medical activities of daily living; however, such services are specifically not covered when this is the only care being requested, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

CBT (COGNITIVE BEHAVIORAL THERAPY) SESSIONS ONCE PER WEEK FOR 3-8 MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399-401, 405.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 15, pages 399-401 do support a variety of stress management techniques, including the cognitive therapy being proposed here, the MTUS Guideline in ACOEM Chapter 15, page 405 further notes that an applicant's failure to improve may be due to an incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. In this case, the applicant is off of work and has apparently been deemed "totally permanently" disabled from a mental health perspective. The applicant remains highly reliant on psychotropic medications, including Seroquel, Lunesta, and Nuvigil. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite unspecified amounts of cognitive behavioral therapy over the course of the claim. Continuing the previously tried and failed treatment is not recommended. Therefore, the request is not medically necessary.

PSYCHOPHARMACOLOGY (MEDICATION MANAGEMENT SESSIONS) ONCE PER MONTH FOR 3-8 MONTHS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational Enviromental Medicine, Chapter 15, Stress Related Conditions, Page 1068.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, 405.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 398, applicants with more serious conditions may need referral to a psychiatrist for medicine therapy. In this case, the applicant does have fairly pronounced issues with depression and associated suicidal ideation. The applicant also apparently has some psychotic features and is using antipsychotic medication, Seroquel, to combat the same. It is further noted that the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405 acknowledged that the frequency of follow-up visits should be determined by the severity of an applicant's symptoms and/or the applicant's work status. In this case, the applicant is having fairly pronounced mental health issues with a Global Assessment of Functioning (GAF) described at as low as 45. The applicant is off of work. Follow-up visits with the applicant's prescribing psychiatrist at the rate and frequency proposed are therefore indicated, for all of the stated reasons. Accordingly, the request is medically necessary, medically appropriate, or indicated here.