MAXIMUS Federal Services

Case Number:	CM14-0075434		
Date Assigned:	07/16/2014	Date of Injury:	02/15/2001
Decision Date:	08/22/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/23/2014

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 Psychiatry 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 injured worker is a 42-year-old female with date of injury 2/15/2001. The date of the UR decision was 4/23/2014. Report dated 3/3/2014 listed subjective complaints as severe headaches and chronic pain, which were being treated with pain medications and injections. Objective findings suggested that she appeared anxious, tense, feeling angry and irritated. It was indicated that cognitive behavior therapy was provided to help her control her emotions and stop destructive thoughts. She was diagnosed with Major Depressive disorder, suicidal with Psychotic features; Pain disorder associated with Psychological factors and general medical condition and Induced Psychotic disorder with hallucinations. She was prescribed Abilify 20 mg and Cymbalta 60 mg daily. Report from hospital admission indicated that the injured worker was hospitalized from 11/21/2013-11/27/2013 because of worsening depression and intent to overdose on pills.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT 1x wk for 3 months, group therapy 1x wk x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG -TWC), Mental Illness & Stress, Procedure Summary (last updated 4/9/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Cognitive Therapy for Depression.

Decision rationale: The injured worker is a 42-year-old female with subjective complaints of severe headaches and chronic pain, which were being treated with pain medications and injections, per report dated 3/3/2014. Objective findings suggested that she appeared anxious, tense, feeling angry and irritated. She was diagnosed with Major Depressive disorder, suicidal with Psychotic features; Pain disorder associated with psychological factors and general medical condition and induced Psychotic disorder with hallucinations. It was indicated that cognitive behavior therapy (CBT) was provided to help her control her emotions and stop destructive thoughts. Upon review of the submitted documentation, it is evident that injured worker has undergone some treatment with CBT. However, there is no information regarding the number of sessions received so far, or any evidence of objective functional improvement. The request for CBT 1 time per week for 3 months with group therapy 1 time per week for 3 months is excessive and thus is not medically necessary, in the absence of information regarding the details of prior psychotherapy treatment.

24/7 homecare assistance by a psych technician or LVN: 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 Home Health Services Page(s): 51.

Decision rationale: MTUS states 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. 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. (CMS, 2004). The reviewed documentation does not suggest that the injured worker is completely homebound or unable to perform any activities of daily living (ADL's). Thus, the request for 24/7 home-care assistance (by a psych technician or licensed vocational nurse) is not medically necessary.