

<b>Case Number:</b>	CM14-0189441		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	10/04/2001
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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:

Injured worker is a 58 year old male with date of injury 10/4/2001. Date of the UR decision was 10/30/2014. He has been diagnosed with Complex regional pain syndrome of right upper extremity and chronic pain syndrome. Per report dated 3/18/2014, the injured worker reported feeling more depressed as his medications were not delivered on time. Objective findings documented that he was benefiting from Cognitive Behavior Therapy (CBT) in Spanish. He was diagnosed with Major Depressive Disorder, single episode, severe with psychotic features. Treatment plan documented CBT twice weekly, group therapy once a week for 3 months, prescriptions of Prozac 40 mg #30, Mirtazepine 15 mg nightly #30, Risperidal 2 mg #90, Cogentin 0.5 mg #30. It was stated that the injured worker needs 24 times 7 home care assistance and transportation to all medical appointments. Per report dated 5/13/2014, he reported increased orthopedic pain and limitations. He expressed feeling tired and irritable due to poor sleep secondary to the pain levels. Objective findings suggested that he was using an electric wheelchair. Per report dated 9/23/2014, he reported feeling fatigued with low energy. It was suggested that he was continuing to attend group and individual therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) 24/7 Home Care by Psych Technician or Skilled LVN: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS states "Home health services are recommended only for otherwiserecommended medical treatment for patients who are homebound, on apart-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 ADL's. It has been suggested that he has been able to perform ADL's with some effort. Thus, the request for 24/7 Home Care by Psych Technician or Skilled LVN is not medically necessary.

**(1) Transportation to all medical appointments: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare Benefit Policy Manual Chapter 10 - Ambulance Services

**Decision rationale:** Medicare Benefit Policy Manual Chapter 10 - Ambulance Services states "Medical necessity is established when the patient's condition is such that use of any other method of transportation is contraindicated. In any case in which some means of transportation other than an ambulance could be used without endangering the individual's health, whether or not such other transportation is actually available, no payment may be made for ambulance services." The reviewed documentation does not reflect that the injured worker is unable to take any other form of transportation. He is able to perform ADL's with some effort and has been independently attending medical appointments so far. Medical necessity for transportation to all medical appointments cannot be affirmed.

**(24) Individual Cognitive Behavioral Psychotherapy Sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening 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 cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:-Initial trial of 3-4 psychotherapy visits over 2 weeks-With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)ODG Psychotherapy Guidelines recommend:"Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made.(The provider should evaluate symptom improvement during the process,so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.)- In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made."It has been suggested that the injured worker has already exceeded the guideline recommendations for CBT sessions in cases of severe Major Depressive Disorder. Thus, the request for (24) Individual Cognitive Behavioral Psychotherapy Sessions is excessive and not medically necessary.

### **(3) Psycho-pharmacology Management Sessions: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visits Stress related conditions

**Decision rationale:** Official Disability Guidelines (ODG) states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. "Injured worker has been diagnosed with Major Depressive Disorder, single episode, severe with psychotic features. Treatment plan documented that he has been prescribed Prozac 40 mg #30, Mirtazepine 15 mg nightly #30, Risperidal 2 mg #90, Cogentin 0.5 mg #30. The request three psycho-pharmacology management sessions is medically necessary for the treatment.

### **(1) Prescription of Cogentin 0.5mg(1) Prescription of: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov-Cogentin/Benztropine

**Decision rationale:** Cogentin is FDA indicated for use as an adjunct in the therapy of all forms of parkinsonism. It is also useful also in the control of extrapyramidal disorders (except tardive dyskinesia) due to neuroleptic drugs (e.g., phenothiazines). The request for one prescription of Cogentin 0.5mg, unspecified quantity is not medically necessary as there is no clinical indication of its use in this case.

**(1) Prescription of Remeron 1.5mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov- Remeron (mirtazapine)

**Decision rationale:** Remeron (mirtazapine) Tablets are indicated for the treatment of major depressive disorder. The request for (1) Prescription of Remeron 15mg #30 is medically necessary.