

Case Number:	CM14-0049594		
Date Assigned:	07/07/2014	Date of Injury:	03/15/2002
Decision Date:	01/28/2015	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/17/2014

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 Psychiatrist (MD), 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 48 year old female with date of injury 03/15/2002. Date of the UR decision was 3/28/2014. She sustained injury to chest, upper extremities, back, and right lower extremity injury while lifting a heavy box. She was subsequently diagnosed with major depressive disorder without psychotic features. Per report dated 3/6/2014, she was experiencing elevated orthopedic pain, which was affecting her on a daily basis. She expressed feeling frustrated, as her pain and limitations precluded her from performing activities of daily living unassisted. She resented in a distressed mood and continued to ambulate with the assistance of cane, and had an irregular gait. She was experiencing difficulty with memory and concentration during session. She was being prescribed Zoloft 100 mg #30 1 tab daily, Klonopin 1 mg #30 one tab daily as needed, Abilify 15 mg #30 1tab at bedtime, Trazodone 150 mg #30 1 tab at bedtime, and Cogentin 0.5 mg #30 1tab every 8 hours as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Cognitive Behavioral Therapy in Spanish 1 x per week for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23,100-102.

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 recommends 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) Upon review of the submitted documentation, it is ascertained that injured worker suffers from chronic pain and psychological symptoms due to the same for which behavioral indications are necessary. The request for Individual Cognitive Behavioral Therapy in Spanish 1 x per week for 6 months exceeds the guideline recommendations for an initial trial. Thus, the request is not medically necessary.

Group Therapy in Spanish 2x per week for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

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 recommends 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) Upon review of the submitted documentation, it is ascertained that injured worker suffers from chronic pain and psychological symptoms due to the same for which behavioral indications are necessary. The request for Group Therapy in Spanish 2x per week for 6 months for 6 months exceeds the guideline recommendations for an initial trial. Thus, the request is not medically necessary.

Psychopharmacology management 1 x per month for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 1068.

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: 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. "Per report dated 3/6/214, injured worker was prescribed Zoloft 100 mg #30 1 tab daily, Klonopin 1 mg #30 one tab daily as needed, Abilify 15 mg #30 1 tab at bedtime, Trazodone 150 mg #30 1 tab at bedtime, and Cogentin 0.5 mg #30 1 tab every 8 hours as needed. There is no available report since then. There is no clinical indication for need for close monitoring needing frequent follow ups such as once monthly. Thus, the request for Psychopharmacology management 1 x per month for 6 months is excessive and not medically necessary.

24/7 Homecare Assistance by Psych Technician or skilled licensed nurse: 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: 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 ADL's. Thus, the request for 24/7 Homecare Assistance by Psych Technician or skilled licensed nurse is not medically necessary.