

Case Number:	CM15-0002286		
Date Assigned:	01/13/2015	Date of Injury:	06/07/2012
Decision Date:	03/12/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Family Practice

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 57 year old male, who sustained an industrial injury on June 6, 2012. He has reported back pain. The diagnoses have included major depressive disorder, sleep disorder due to pain, anxiety, insomnia, male hypoactive sexual disorder Treatment to date has included physical therapy and oral medication. Currently, the Injured Worker complains of cervical and knee pain, moderate to severe depression with history of suicidal ideation, lack of energy and motivation, perpetual low back pain, irritability and episodes of throwing things at his significant other and hitting her. The injured worker's knee pain is relieved by recent injections. He is followed by psychiatrist and takes oral medication. On December 5, 2014 utilization review modified a request for psychiatric consult/meds weekly x 10, and denied a request for individual psychotherapy weekly X12 and needs supervision every day 7 days /week- home health care. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 5, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric consult/meds weekly x 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-405.

Decision rationale: The MTUS/ACOEM Guidelines comment on the use of interventions to deal with a number of different mental health problems listed in the Chapter on Stress-Related Conditions. These guidelines state the following: That the patient should be assessed for red flags that indicate a potentially serious psychiatric condition (Table 15-2/Page 393). That these potentially serious conditions include: thought disorders, suicidal ideation, and abuse. Further, that specialty referral may be necessary (Page 398) when the patient has significant psychiatric problems. That the frequency of follow-up visits for specialty care are determined by the severity of symptoms (Page 405). Finally, they state that in general, for stress-related symptoms, patients may be followed by a mid-level practitioner. In this case, there is insufficient documentation to indicate that the patient currently has any of the red flag symptoms as described in the above cited guidelines. Further, no specific rationale is provided to justify psychiatric consultation on a weekly basis X 10 weeks. There is insufficient justification as to why medication management is beyond the treating physician. There is insufficient documentation on the severity of the symptoms and the monitoring parameters that will be followed over the course of specialty treatment. For these reasons, Psychiatric Consultation/Meds Weekly X 10 Weeks is not considered as medically necessary.

Individual psychotherapy weekly x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions and Psychological Treatment Page(s): 23 and 101-102.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of behavioral interventions and psychological treatment. For behavioral interventions, the guidelines state the following: -Patients should be screened for risk factors for delayed recovery, including fear avoidance beliefs. This may be accomplished with the Fear-Avoidance Beliefs Questionnaire. -Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a 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. For psychological treatment, the guidelines state the following: The following "stepped care" approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options. Step 3: If pain is sustained in spite of continued therapy intensive care may be

required allowing for a multidisciplinary treatment approach. In this case, there is insufficient justification for the rationale and goals of individual psychotherapy. There is no plan provided for a trial of 3-4 visits over 2 weeks per the guideline recommendations. There is insufficient documentation as to the plan to monitor objective functional improvement. There is insufficient documentation that there has been a "stepped care" approach to this patient's psychological problems as indicated above. For these reasons, individual psychotherapy weekly X 12 is not considered as medically necessary.

Needs supervision every day 7 days/week- HHC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Home Health Services. These guidelines state that these 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. In this case there is insufficient evidence that the patient is homebound and meets the MTUS criteria for these services. The amount of time requested needs to be specified along with the specific tasks required by a Home Health Service worker. For these reasons, Home Health Services for supervision every day 7 days/week is not considered as medically necessary.