

Case Number:	CM15-0103014		
Date Assigned:	07/16/2015	Date of Injury:	05/11/2005
Decision Date:	08/11/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old female who sustained an industrial injury on 5-11-05. Diagnoses are chronic regional pain syndrome type 1, bilateral upper extremity pain, anxiety with likely panic attacks, depression, chronic, mixed headaches, sleep disorder with excessive daytime sleepiness, irritable bowel syndrome; type C, gastroesophageal reflux disorder, chronic bilateral foot pain and cold toes of uncertain etiology, Xerostomia-medication induced, dysphagia-may be related to xerostomia, and Dyslipidemia. In a progress report dated 4-14-15, the treating physician notes she had very bad diarrhea and cramping for 8 days and does not know why and is having difficulty swallowing, feeling nauseated, headaches have increased. She takes Relpax more than Tramadol. She complains of severe tightening in neck muscles, which causes pain and weakness, of having pain in arms, hands, feet and hips and of being very fatigued. She saw the psychologist a few weeks ago. She is taking medication as directed. Objective findings are that she is depressed appearing. A urine drug screen was done 3-26-15. In a progress report dated 4-23-15, the treating provider notes she is highly motivated to learning practice cognitive and behavioral interventions provided in treatment and she is making progress in treatment. Due to the severity of her ongoing pain associated with chronic regional pain syndrome, she remains extremely psychologically fragile and at risk of further decompression. The treatment plan is for continued outpatient psychotherapy sessions-12 sessions. Work status is she is unable to work. The requested treatment is outpatient psychotherapy weekly from 5-1-15 through 7-30-15 (12 sessions) for major depressive disorder, orthopedic mattress, and housekeeping 12 hours per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient psychotherapy weekly from 5-1-15 through 7-30-15 (12 sessions) for major depression disorder: Upheld

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

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 & Stress, psychotherapy guidelines.

Decision rationale: The claimant has a remote history of a cumulative trauma work injury with date of injury in May 2005 and continues to be treated for chronic pain. Diagnoses include CRPS and she is also being treated for depression. When seen, she appeared fatigued. She was having severe mouth and jaw pain attributed to pain medications. The claimant has had psychological treatments since at least 2012 with case notes referencing in excess of 100 treatment sessions. In this case, although the claimant has a diagnosis of CRPS, there were no documented physical examination findings in the records submitted for review that would confirm or refute this diagnosis. In term of psychological treatments, guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, a total of up to 13-20 individual sessions over 7-20 weeks. In this case the claimant has had in excess of the number of treatment sessions over a period of years without evidence of functional improvement. This request was not medically necessary.

Orthopedic mattress: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Mattress selection.

Decision rationale: The claimant has a remote history of a cumulative trauma work injury with date of injury in May 2005 and continues to be treated for chronic pain. Diagnoses include CRPS and she is also being treated for depression. When seen, she appeared fatigued. She was having severe mouth and jaw pain attributed to pain medications. The claimant has had psychological treatments since at least 2012 with case notes referencing in excess of 100 treatment sessions. In this case, although the claimant has a diagnosis of CRPS, there were no documented physical examination findings in the records submitted for review that would confirm or refute this diagnosis. Pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. There are no

high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. The request was not medically necessary.

Housekeeping 12 hours per week: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

Decision rationale: The claimant has a remote history of a cumulative trauma work injury with date of injury in May 2005 and continues to be treated for chronic pain. Diagnoses include CRPS and she is also being treated for depression. When seen, she appeared fatigued. She was having severe mouth and jaw pain attributed to pain medications. The claimant has had psychological treatments since at least 2012 with case notes referencing in excess of 100 treatment sessions. In this case, although the claimant has a diagnosis of CRPS, there were no documented physical examination findings in the records submitted for review that would confirm or refute this diagnosis. Home health services can be recommended on a short-term basis following major surgical procedures or inpatient hospitalization, to prevent hospitalization, or to provide longer term in home medical care and domestic care services for those whose condition is such that they would otherwise require inpatient care. In this case, there is an absence of an adequate functional assessment. The claimant attends numerous outpatient treatments without apparent use of an assistive device or requiring physical assistance from another individual. She has not undergone major surgery or recent hospitalization. The request was not medically necessary.