

Case Number:	CM15-0198260		
Date Assigned:	10/13/2015	Date of Injury:	01/08/2001
Decision Date:	11/30/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/08/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 59 year old female who reported an industrial injury on 10/08/2001. Her diagnoses include PTSD, major depressive disorder severe with suicidal ideation, and cervical and lumbar radiculopathy with constant pain rated 9/10. Treatments have included CBT, group therapy, and medication management. She has a history of psychiatric hospitalizations, but details of these were not provided. She received a pain injection at the ER on 07/16/15 for excruciating back pain. Progress notes of 06/12/15 and 08/10/2015 by ██████████ showed her to be depressed appearing with lack of motivation due to overwhelming pain, flat affect and depressed mood, and decreased mood and energy due to pain. She was taught breathing exercises and relaxation strategies to reduce pain and anxiety, and encouraged to practice at home. ██████████ noted that the patient required in home care due to her deteriorating condition and her potential violent suicidal pattern. It is unclear what psychiatric medications she is on, if any. On 07/22/15 she was on Flexeril and Tylenol with codeine. The UR of 09/08/2015 modified the requests for: 24 individual therapy sessions to four, 12 group therapy sessions to four, and non-certified the request for a 24 hour a day-7 days a week home health care by either a psyche technician or skilled LVN. She had received greater than 50 CBT sessions in the past year.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 individual therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment, Behavioral interventions.

Decision rationale: Psychological intervention is recommended during treatment for chronic pain and has shown efficacy on both pain management and comorbid mood disorders. In cases of severe depression or PTSD up to 50 sessions may be certified if progress is being made. The patient has received over 50 sessions over the past year with apparently little in the way of objective functional improvement according to records provided by [REDACTED]. This request is not medically necessary.

12 group therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding group therapy, Official Disability Guidelines, Group therapy.

Decision rationale: Recommended as an option, group therapy should provide a supportive environment in which a patient with PTSD may participate in therapy with other PTSD patients. No documentation has been provided to show objective functional improvement or rationale for certification. This request is not medically necessary.

Unknown 24/7 home health care by psyche technician or skilled LVN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding home health care, Official Disability Guidelines, Home Health Services.

Decision rationale: ODG recommends home health services for homebound patients requiring one or a combination of: (1) Skilled nursing care by a licensed professional for tasks such as administration of intravenous drugs, dressing changes, physical therapy, speech-language pathology services, and occupational therapy; (2) Home health aide services for health-related tasks and assistance with activities of daily living that do not require skills of a medical

professional, such as bowel and bladder care, feeding, bathing, dressing and transfer and assistance with administration of oral medications; and/or (3) Domestic services such as shopping, cleaning, laundry that the individual is no longer capable of performing due to the illness or injury. Justification for medical necessity of Home health services requires documentation of the medical condition that necessitates home health services, kind of services required, and level of expertise. The physician's treatment plan usually includes an in-home evaluation by a Home Health Care Agency Registered Nurse to assess the appropriate scope, extent and level of care for home health care services. A one-time home health care evaluation is appropriate if the treatment plan is unclear and not already ordered by the treating physician. There is no evidence that a home health care evaluation was performed. [REDACTED] request does not include specifically the type of home care, classifying it as "unspecified." Rationale provided was in part related to the patient's potential for "violent suicidal pattern." That being the case, a higher level of care would be necessary in a patient who is psychiatrically unstable and may present a danger to self or others. This request is not medically necessary.