MAXIMUS Federal Services

Case Number:	CM15-0043926		
Date Assigned:	03/13/2015	Date of Injury:	09/08/2006
Decision Date:	04/23/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/09/2015

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: Physical Medicine & Rehabilitation

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 59-year-old female, who sustained an industrial injury on September 8, 2006. The injured worker was diagnosed as having major depressive disorder single episode without psychotic features. Treatment and diagnostic studies to date have included medication and psychotherapy. A progress note dated January 27, 2015 the injured worker complains of severe knee pain. She is worried because she has been told she has two meniscus tears. The injured worker attributes her unexplained fear to her anxious emotional state. She reports difficulty sleeping. Physical exam notes depressive mood and affect. There is swelling of the knee and she has difficulty walking. The plan includes request for psychotherapy and psychopharmacology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 101-102, 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127 Official disability guidelines Mental Illness & Stress Chapter under Cognitive therapy for depression.

Decision rationale: Based on the 08/01/14 progress report provided by treating physician, the patient presents with excruciating bilateral knee pain. Per treater report dated 01/27/15, the patient has been informed by her other physician to the presence of two meniscus tears. The request is for INDIVIDUAL PSYCHOTHERAPY QTY 12.00. RFA not provided. Patient's diagnosis on 01/27/15 included major depressive disorder, single episode, without psychotic features. Patient's medications include Prozac and Trazadone. Patient is temporarily totally disabled and off-work, per progress report dated 01/27/15. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. ODG-TWC, Mental Illness & Stress Chapter under Cognitive therapy for depression states: "ODG Psychotherapy Guidelines: 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." UR letter dated 02/18/15 states "the number of previous CBT sessions have already exceeded industrial guidelines. Therefore, the request for it is modified for 6 visits only for tapering down the sessions." The patient has a diagnosis of major depressive disorder, and ACOEM does allow for specialist referrals. However, treater has not provided reason for the request nor provided a precise treatment history. There are no discussions of symptom improvement due to therapy, either. Given lack of documentation, the request is not in accordance with guidelines. Furthermore, the request for 12 additional sessions would exceed what is allowed by guidelines. Therefore, the request IS NOT medically necessary.

Group psychotherapy Qty: 12.00: 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), Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Mental Illness and Stress' and topic 'Group therapy'.

Decision rationale: Based on the 01/27/15 progress report provided by treating physician, the patient presents with knee pain. The request is for GROUP PSYCHOTHERAPY QTY 12.00. RFA not provided. Patient's diagnosis on 01/27/15 included major depressive disorder, single episode, without psychotic features. Patient's medications include Prozac and Trazadone. Patient

is temporarily totally disabled and off-work, per progress report dated 01/27/15. ODG guidelines, chapter 'Mental Illness and Stress' and topic 'Group therapy', recommends, "Recommended as an option. Group therapy should provide a supportive environment in which a patient with Post-traumatic stress disorder (PTSD) may participate in therapy with other PTSD patients." UR letter dated 02/18/15 states "the number of previous CBT sessions have already exceeded industrial guidelines. Group psychotherapy visits are appropriate medical treatments to help patients transition into CBT programs trials of such treatments are suggested to allow for any subsequent functional improvement. Therefore request #2 is modified for 6 visits only to allow for tapering down." The patient has a diagnosis of major depressive disorder. In this case, treater has not provided reason for the request nor provided a precise treatment history. It is not known whether patient had group sessions, but treater is requesting individual sessions of cognitive behavioral therapy, as well. ODG guidelines recommend group therapy only for individuals suffering with PTSD, which the patient does not present with. The request is not in accordance with guidelines. Therefore, this request IS NOT medically necessary.

24/7 Homecare by a skilled LVN Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home service Page(s): 51.

Decision rationale: Based on the 01/27/15 progress report provided by treating physician, the patient presents with knee pain. The request is for 24/7 HOME CARE BY A SKILLED LVN QTY 1.00. RFA not provided. Patient's diagnosis on 01/27/15 included major depressive disorder, single episode, without psychotic features. Physical examination on 01/27/15 revealed patient has difficulty ambulating due to knee pain and swelling. Patient's medications include Prozac and Trazadone. Patient is temporarily totally disabled and off-work, per progress report dated 01/27/15.MTUS Guidelines, page 51, has the following regarding home service, "Recommended only for otherwise recommended medical treatments for patients who are home bound 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Treater has not provided reason for the request. There is no documentation as to why the patient is unable to perform self-care. It does not appear the patient is home bound. Progress report dated 01/27/15 states the patient "has to drive on her own to medical appointments, which are long distance from home. She only drives short distances to avoid exacerbation of pain." No neurologic and physical deficits are documented on examination and diagnosis other than chronic pain. There is no documentation found in the reports provided that the patient requires medical treatment at home. Furthermore, the request for 24 hours x 7 days would exceed MTUS recommendation of 35 hours per week. The request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.