

Case Number:	CM14-0133897		
Date Assigned:	08/27/2014	Date of Injury:	09/14/1994
Decision Date:	10/23/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/21/2014

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 Psychiatry and is licensed to practice in Illinois and Wisconsin. 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:

This is a 55 year old Hispanic female who was injured in the mid 1990's. She has a diagnosis of Major Depressive Disorder, Single Episode, severe without Psychosis. She is on Fluoxetine, Abilify, Wellbutrin and Xanax. The provider is requesting coverage for 24/7 Home Health Services with a licensed visiting nurse or psych technician. The request has been denied due to lack of medical necessity. This is an independent review of the previous determination to deny coverage for 24/7 home health services as detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Services (24/7 with a Licensed Visiting Nurse or Psych Technician): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 91, 206, Chronic Pain Treatment Guidelines Home Health Services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Home Health Services

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition, APA, October 1st, 2010

Decision rationale: The patient has been attending outpatient appointments and apparently has been compliant with her medications. The clinical information submitted is very sparse. The provider is requesting the services for the purpose of monitoring behavior and medication intake and encouraging her to perform her ADL's but there is no evidence in the records provided that the patient has been unable to take care of herself or take her medications. State of California MTUS, ODG and ACOEM are all silent on 24 hour care for psychiatric conditions. APA Practice Guidelines provide a comprehensive review of evidence based treatment modalities for patients with Major Depressive Disorders and do not indicate Home Health Treatment. As such the requested services should not be considered as medically necessary according to current evidence based practice standards as set forth in the APA Practice Guidelines.