

Case Number:	CM14-0165511		
Date Assigned:	10/10/2014	Date of Injury:	03/15/2002
Decision Date:	11/12/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

According to the records made available for review, this is a 48-year-old female with a 3/15/02 date of injury. At the time (9/19/14) of Decision for 12 Individual Psychotherapy Sessions Between 8/29/2014 And 12/11/2014 and Unknown 24/7 Homecare by skilled LVN Between 8/29/2014 And 12/11/2014, there is documentation of subjective (elevated anxiety and stress level) and objective (normal physical examination) findings, current diagnoses (cervical disc disease, cervical radiculopathy, intractable neck pain, and major depressive disorder), and treatment to date (cognitive behavioral therapy, group therapy, and medications). Regarding Unknown 24/7 Homecare by skilled LVN Between 8/29/2014 And 12/11/2014, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Individual Psychotherapy Sessions Between 8/29/2014 And 12/11/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT).

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain or co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder), as criteria necessary to support the medical necessity of psychological treatment. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of cervical disc disease, cervical radiculopathy, intractable neck pain, and major depressive disorder. In addition, given documentation of a diagnosis of depression, there is documentation of co-morbid mood disorder. However, the request for 12 Individual psychotherapy exceeds guidelines for an initial trial. Therefore, based on guidelines and a review of the evidence, the request for 12 Individual Psychotherapy Sessions Between 8/29/2014 And 12/11/2014 is not medically necessary.

Unknown 24/7 Homecare by skilled LVN Between 8/29/2014 And 12/11/2014: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of cervical disc disease, cervical radiculopathy, intractable neck pain, and major depressive disorder. However, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for Unknown 24/7 Homecare by skilled LVN Between 8/29/2014 And 12/11/2014 is not medically necessary.