

<b>Case Number:</b>	CM14-0048195		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/06/1996
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, psychological stress, major depressive disorder, and anxiety reportedly associated with an industrial injury of September 6, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychological counseling; psychotropic medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 9, 2014, the claims administrator denied ongoing psychiatric treatment, a homecare assessment, and home aide services to include weekly cleaning, taking out the garbage, and monthly deep cleaning. The applicant's attorney subsequently appealed. In a May 31, 2014 mental health note, the applicant's psychiatrist state that the applicant was "unemployable," owing to a combination of medical and mental health impairment. On April 10, 2014, the applicant was placed off of work, on total temporary disability, from a mental health standpoint. Supportive psychotherapy, Klonopin, and Prosom were endorsed. The applicant was also described as using Risperdal. On March 12, 2014, the applicant's primary treating provider sought authorization for an assessment to determine what the applicant's homecare needs were and concurrently sought authorization for homecare assistance to facilitate performance of cleaning, taking out the garbage, and other cleaning activities which the applicant could reportedly not perform himself. The applicant reportedly had issues with shoulder pain, neck pain, low back pain, and bipolar disorder, the attending provider stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ongoing psychiatric treatment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 15, page 405, the frequency of follow-up visits should be determined by the applicant's severity of symptoms, whether or not the applicant was referred for further testing and/or psychotherapy, and whether or not the applicant is missing work. Thus, ACOEM suggests that the applicant's severity of symptoms and/or work status dictate the frequency of treatment. In this case, the attending provider seemingly sought authorization for unspecified supportive psychiatric treatment without interval reassessment of the applicant's severity of symptoms and/or work status. This is not indicated, per ACOEM. Therefore, Ongoing psychiatric treatment is not medically necessary.

**Home care assessment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, page 51, Home Assessment topic. Page(s): 51.

**Decision rationale:** The attending provider has sought authorization for the homecare assessment as a precursor to the applicant's receiving assistance in terms of performance of activities of daily living such as taking out the trash, cleaning, and other personal care services. Such services, however, are specifically not covered when this is the only care needed, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the Home Care Assessment is not medically necessary.

**Home aide services: weekly cleaning, taking the garbage out, and once a month deep through cleaning:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services topic. Page(s): 51.

**Decision rationale:** As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, medical treatment does not include homemaker services such as shopping, cleaning, laundry, and personal care when this is the only care needed. In this case, the cleaning services

being sought by the applicant are being sought as stand-alone service. The applicant is not concurrently receiving any other medical care at home. Therefore, the request for home aide services: weekly cleaning, taking the garbage out, and once a month deep through cleaning is not medically necessary.