

Case Number:	CM14-0058510		
Date Assigned:	07/09/2014	Date of Injury:	03/20/2003
Decision Date:	06/16/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/29/2014

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. 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: Psychologist

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 63 year old female who sustained an industrial injury on 03/25/03. Initial complaints and diagnoses are not available. Treatments to date include cognitive behavioral therapy, group therapy, psychopharmacology, and acupuncture to her wrists. Diagnostic studies are not addressed. Current complaints include anxiety, worry, and stomach pain and nausea. Current diagnoses include major depressive disorder. In a progress note dated 02/02/15 the treating provider reports the plan of care as psychotherapy, group therapy, psychopharmacology, and 24/7 home care with a skilled LVN and transportation to all medical appointments. The requested treatments include 36 cognitive behavioral therapy sessions and 24/7 home care by a psychology tech or a LVN.

IMR ISSUES, DECISIONS AND RATIONALES

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

36 Individual Cognitive Behavioral Therapy Sessions (3 times a week for the next 3 months): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-1. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-102;23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy, which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3- 4 sessions to determine if the patient responds with evidence of measurable/ objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality- of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: up to 13-20 visits over a 7- 20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. Decision: a request was made for 36 individual cognitive behavioral therapy sessions (3 times a week for the next 3 months) the request was modified by utilization review to allow for 12 individual cognitive behavioral therapy sessions. The utilization review decision was stated as: "the patient has been attending regular cognitive behavioral therapy sessions at a frequency of at least once a week since at least 9/22/2012. Although continued support in the form of psychotherapy is imperative, given the number of psychotherapy sessions completed to date, continued sessions at 3 times a week for 3 months is beyond guidance recommendations for treatment. As the patient was attending individual therapy once per week previously, continuation on a once weekly basis is reasonable in this case. This IMR will address a request to overturn that decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment session including objectively measured functional improvement. This request for 36 additional sessions greatly exceeds the treatment guidelines for session quantity. In addition, the request for 3 times per week for period of 3 months also appears to be excessive. Because this request is not supported by the MTUS/ODG guidelines, it is not medically necessary. Therefore, the utilization review determination is upheld.

24/7 Homecare Assistance by a psych technician or LVN level provider: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev 144, 05-06-11) Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services) Medicare Benefits Manual (Rev 144, 05-06-11) Chapter 7 - Home Health Services; section 50.7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Pain Interventions and Treatments, Topic: Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official disability guidelines (ODG) chapter pain (chronic) topic home healthcare April 30, 2015 update.

Decision rationale: Per MTUS is recommended only for otherwise recommended medical treatment for patients who are homebound on a part-time for "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004). Per ODG (summary) Recommended on a short-term basis following major surgical procedures or in-patient hospitalization, to prevent hospitalization, or to provide longer-term in-home medical care and domestic care services for those whose condition is such that they would otherwise require inpatient care. Home health care is the provision of medical and other health care services to the injured or ill person in their place of residence. Home health services include both medical and non-medical services deemed to be medically necessary for patients who are confined to the home (homebound) and who require one or all of the following: (1) Skilled care by a licensed medical professional for tasks including, but not limited to, administration of intravenous drugs, dressing changes, occupational therapy, physical therapy, and speech-language pathology services; and/or (2) Personal care services for 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 care services such as shopping, cleaning, and laundry that the individual is no longer capable of performing due to the illness or injury that may also be medically necessary in addition to skilled and/or personal care services. Domestic and personal care services do not require specialized training and do not need to be performed by a medical professional. (ACMQ, 2005) (Ellenbecker, 2008) See also skilled nursing facility (SNF) care. Justification for medical necessity of Home health services documentation of: (1) The medical condition that necessitates home health services, including objective deficits in function and the specific activities precluded by such deficits; (2) The expected kinds of services that will be required, with an estimate of the duration and frequency of such services; and (3) The level of expertise and/or professional qualification or licensure required to provide the services. Homebound is defined as "confined to the home". To be homebound means: The individual has trouble leaving the home without help (e.g., using a cane, wheelchair, walker, or crutches; special transportation; or help from another person) because of the occupational illness or injury OR Leaving the home isn't recommended because of the occupational illness or injury AND The individual is normally unable to leave home and leaving home is a major effort. (CMS, 2014); (4) Evaluation of the medical necessity of Home Health Care services is made on a case-by-case basis. For Home Health Care extending beyond a period of 60 days, the physician's treatment plan should include referral for an in-home evaluation by a Home Health Care Agency Registered

Nurse, Physical Therapist, Occupational Therapist, or other qualified professional certified by the Centers for Medicare and Medicaid in the assessment of activities of daily living to assess the appropriate scope, extent, and level of care for home health care services. (CMS, 2015)(5) The treating physician should periodically conduct re-assessments of the medical necessity of home health care services at intervals matched to the individual patient condition and needs, for example, 30, 60, 90, or 120 days. Such reassessments may include repeat evaluations in the home. Decision: A request was made for 24/7 homecare assistance by a psych technician or LVN level provider; the request was modified by utilization review to allow for 28 hours home healthcare assistance per week for the next 3 months. The medical necessity of the requested treatment is not established by the documentation provided. According to the MTUS and official disability guidelines the request for 24/7 home healthcare assistance by a psych technician for LVN level provider is excessive in quantity. The MTUS guidelines specify a maximum of 35 hours per week; this request is for 168 hours per week and thus greatly exceeds the recommended maximum amount. In addition, provided medical records, which do reflect significant depression and physical disability also specifically address the issue of home healthcare on a psychological basis. According to a qualified medical examination from October 1, 2014 a prior request for 24/7, psychologically based home healthcare was not supported as medically appropriate/necessary based on the patient's level of psychological/psychiatric/ physical disability. There is no indication of any situations that would impact on this decision. For these reasons the request is not medically necessary and the utilization review determination is upheld.