MAXIMUS Federal Services

Case Number:	CM15-0120889		
Date Assigned:	07/01/2015	Date of Injury:	10/04/2001
Decision Date:	09/15/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York, Tennessee
Certification(s)/Specialty: Emergency Medicine

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 male, who sustained an industrial injury on 10/4/01. He reported an injury to his hand. The injured worker was diagnosed as having major depressive disorder single episode with psychotic features. Treatment to date has included psychotherapy, cognitive behavioral therapy, psychopharmacology sessions, and medication.Currently, the injured worker complains of depression. The treating physician requested authorization for 12 sessions of group therapy, 2 psychopharmacology management sessions, home health care services 24 hours per day for 7 days, transportation to all medical appointments, and Cogentin 0.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of individual group therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Behavioral Interventions.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. The guidelines also state that psychological intervention includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders. There should be an initial trial of 3-4 visits of psychotherapy over 2 weeks to determine if there is functional improvement. With evidence of objective functional improvement, recommended number of visits is a total of up to 6-10 visits over 5-6 weeks. In this case, the request is for 12 visits. This surpasses the recommended number for the initial trial. In addition, the patient has been treated with psychotherapy since at least September 2014. There is no documentation of objective evidence of functional benefit. The request is not medically necessary.

3 Psychopharmacology management sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress: Office visits.

Decision rationale: Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. In this case, the patient is taking antidepressant medication. Assessment of medication benefit is not necessary monthly. In addition, the medications have not changed since September 2014. The request is not medically necessary.

Home Health care services, 24 hours a day for seven days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Benefits Manual, Chapter 7, Home Health Services.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for recommended medical treatment in patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include personal care like bathing, dressing, or toileting and it does not include homemaker services like shopping, laundry, or cleaning. In this case, there is no documentation that the patient requires medical services at home. The request is not medically necessary.

Transportation to all medical appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600(a).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Transportation (to & from appointments).

Decision rationale: Transportation is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. In this case, the patient does not need a nursing home level of care. Transportation back and forth to appointments is not indicated. The request is not medically necessary.

Cogentin 0.5mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Veteran Affairs, Department of Defense.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment Guidelines from The Medical Letter Nov 01, 2013 (Issue 135): Drugs for Parkinson's Disease UpToDate: Drug Information. Bemzatropine.

Decision rationale: Cogentin is benzatropine, an anticholinergic medication, which can be useful in some patients with Parkinson's Disease, especially for treatment of tremor and drooling. Adverse effects include dry mouth, constipation, urinary retention, and aggravation of narrow-angle glaucoma. Central nervous system adverse effects, including impaired memory, confusion, and hallucinations, may be particularly severe in elderly patients; anticholinergics are generally contraindicated in this age group. It has been used for treatment of drug-induced extrapyramidal symptoms. In this case, there is no documentation that the patient is experiencing extrapyramidal symptoms. There is no medical indication for the use of cogentin. The request is not medically necessary.