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| Case Number: | CM15-0076698 | | |
| Date Assigned: | 04/28/2015 | Date of Injury: | 06/04/2007 |
| Decision Date: | 06/02/2015 | UR Denial Date: | 04/02/2015 |
| Priority: | Standard | Application Received: | 04/21/2015 |

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 33 year old female, who sustained an industrial injury on 06/04/2007. According to a psychiatric progress report dated 03/19/2015, the injured worker was able to walk better. Her affect, appearance and speech had improved significantly. Diagnoses included major depressive disorder first episode moderate rule out bipolar mood disorder, status post injury to lumbar spine, chronic pain, physical limitation, unemployment and inability to engage in activities with children. Depakote, Celexa, Brintellix and Xanax had been discontinued by the injured worker. She was in need of cognitive behavioral psychotherapy, a dental evaluation, a formal sleep study and transportation. The provider requested authorization for the injured worker's mother to be the formal caregiver. Currently under review is the request for cognitive behavioral therapy once weekly for six weeks, mother as a formal caregiver and transportation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT, once weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Cognitive Behavioral Therapy. MTUS guidelines state the following: 6-10 visits recommended. The clinical documents state that the patient has completed 12 sessions. According to the clinical documentation provided and current MTUS guidelines; additional sessions of CBT is not indicated as a medical necessity to the patient at this time.

Mother as formal caregiver: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health, Page 51.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a caregiver. MTUS guidelines state the following: Home health services. Recommended only for otherwise recommended medical treatment for 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 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) There is lack of documentation that states why the patient requires a full time caregiver. According to the clinical documentation provided. The patient does not meet requirement for home health. Home Health-care is not indicated as a medical necessity to the patient at this time.

Transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Transportation.

Decision rationale: ODG treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for transportation. There is lack of documentation that states why the patient is unable to travel using public transportation. According to the clinical documentation provided. The patient does not meet requirement for transportation. Transportation is not indicated as a medical necessity to the patient at this time.