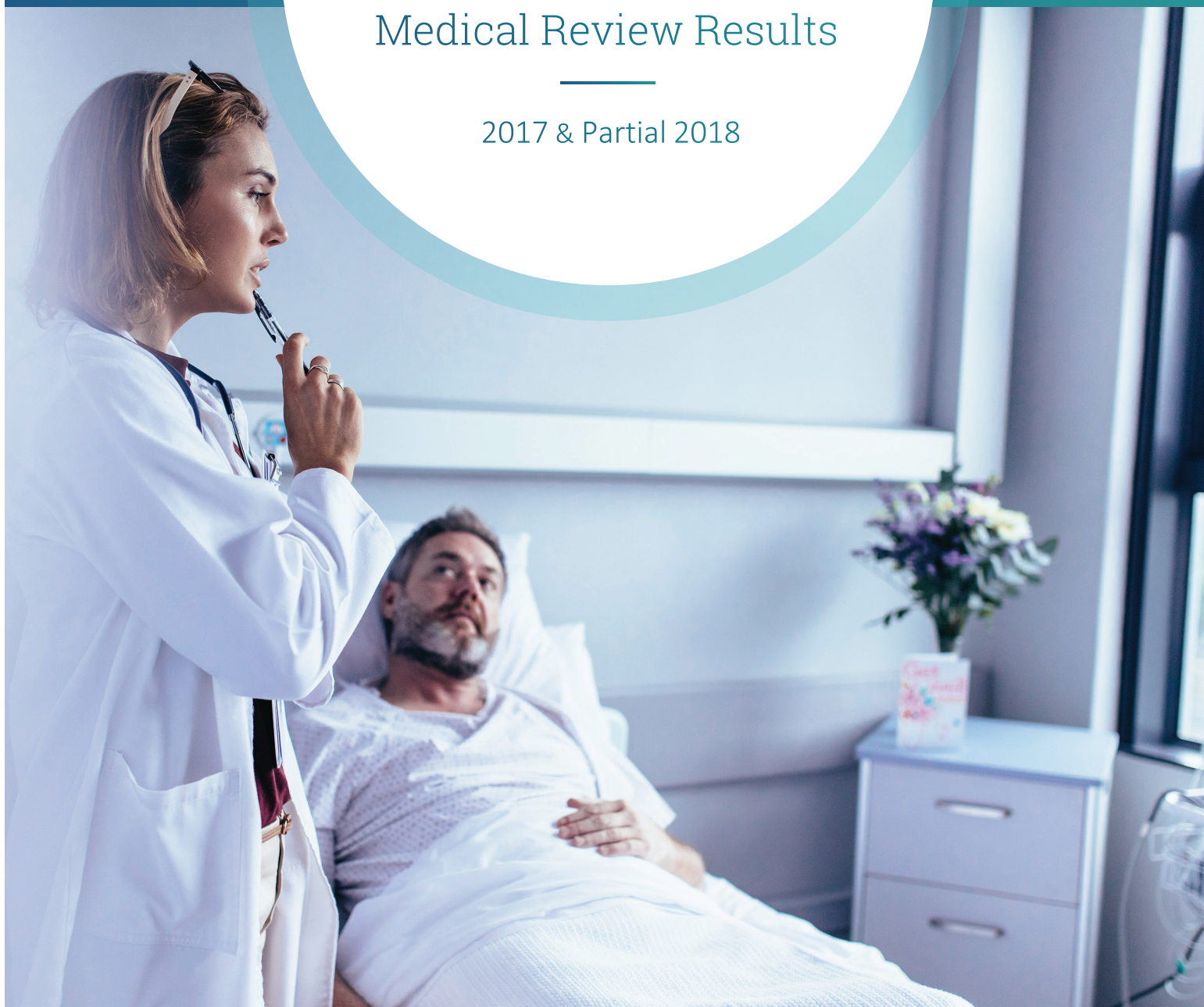




# California Independent Medical Review Results

2017 & Partial 2018





# California Independent Medical Review Results

**2017 - Partial 2018**

## Standing Up For Your Rights Creates Results

This research study was supported by the California Chronic Care Coalition and My Patient Rights. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CA Department of Managed Health Care.

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Helms, Werblun, California Chronic Care Coalition with My Patient Rights

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## Abstract

California Chronic Care Coalition (CCCC) strives to fight for consumers' rights to access quality affordable healthcare throughout the chronic care community. In this report, we analyzed information from the California Department of Managed Healthcare (DMHC) website. While compiling the data, we were alarmed at the individual denials requesting authorization or reimbursement of medications, procedures, and testing. We were concerned with the reasoning behind these denials. Our data explores a sample of the most prevalent examples of denials and Independent Medical Review (IMR) decisions. Our findings show many people with chronic diseases and conditions had been denied their requests which were vital for the effective treatment and management of their conditions. We wanted to find the rationales as to why people were being denied and the reason for the denials. We investigated trends of issues related to the interruption of access to timely healthcare and what effect it would have on a person's continuity of care. **We are also concerned how many denials of IMRs were not submitted as people were unaware of their options.**

Information on the IMR determinations brings awareness to California consumers that have been or are being denied their rights to healthcare. In addition, some Californians continue to face problems with their requests being delayed or denied for necessary treatments. It is our hope that this information will help people understand the various problems that a consumer can face and provide information on important resources such as the CA DMHC.

IMR determinations data containing IMR decisions managed by the CA DMHC since January 1, 2001 can be found at: <https://data.chhs.ca.gov/dataset/independent-medical-review-imr-determinations-trend>

Department of Managed Healthcare website: <https://www.dmhc.ca.gov/>

DMHC Help Center: **1-888-466-2219**

For more information about knowing your rights go to: <http://www.mypatientrights.org/>



## Executive Summary

The California Chronic Care Coalition (CCCC) works to protect the rights of Californians living with chronic diseases and conditions and their access to quality, affordable health care. CCCC has undertaken this report to better understand how and why health plans deny treatments, care, and medications to the chronic care community and how the Department of Managed Health Care (DMHC) works to help consumers resolve complaints about health plan denials of care.

For this report, CCCC looked at 1,011 of over 4,000 total denial of care cases submitted for Independent Medical Review (IMR) through the DMHC in calendar year 2017 and part of 2018. These cases were reviewed because they involved patients identified as having chronic diseases and conditions – meaning health conditions persisting longer than three months.

Of the 1,011 cases reviewed for this report, a little more than 50 percent health plan decisions were **reversed or** overturned including 489 completely **reversed or** overturned and 22 partially overturned. A total of 500 health plan decisions were upheld for various reasons including lack of proper documentation, finding that treatment was not medically necessary, and that step therapy had not been exhausted, to name a few.

When looking at the overall 4,048 IMR cases from 2017, a total of 61 percent of health plan decisions were **reversed or** overturned.

If you've been denied coverage, you do have options—so, don't give up. This report demonstrates that more than half of all cases submitted for IMR were **reversed or** overturned for various reasons, resulting in patients receiving the care they needed. People living with chronic diseases and conditions, and all patients, can look to the DMHC/IMR process to help resolve health plan denial of coverage disputes. This is a free service.

Standing up for your patient rights creates results!



**Liz Helms**

President & CEO





## CCCC Research and Data

### BACKGROUND AND METHODOLOGY

California Chronic Care Coalition (CCCC)-

The California Chronic Care Coalition (CCCC) is a unique alliance of more than 30 leading consumer health organizations and provider groups that promote the collaborative work of policy makers, industry leaders, providers, and consumers to improve the health of Californians with chronic conditions. The CCCC envisions a system of care that is accessible, affordable, and of a high-quality that emphasizes prevention, coordinated care, and the patient's wellness and longevity. The CCCC promotes early detection of chronic diseases, access to effective treatment, and the improvement of chronic care management.

CCCC website: <http://www.californiachroniccare.org/>

CCCC will report on the following based on data and research:

- Data sample of current 2017 Independent Medical Review (IMR) determinations
- Analysis of the DMHC website
- Analysis of IMR determination sample



## METHODOLOGY AND DATA ELEMENTS

The overall data from the DMHC website contains information specifically from 2017. Our sample set of 1,011 IMR determinations range from 2017 and a part of 2018. According to the California Health and Human Services agency open data, "An Independent Medical Review is an independent

review of a denied, delayed, or modified health care service that the health plan has deemed to be not medically necessary, experimental/investigational or non-emergent/urgent."<sup>1</sup> The purpose of this research was to evaluate these particular decisions and the data collected by the DMHC.

## SAMPLE IMR REVIEW DATA

### Review of 1,011 Independent Medical Reviews:

- 489 reversed or overturned
- 500 upheld
- 22 partially reversed or overturned
- Medical necessity: 689
- Experimental/Investigational: 293
- ER/ Urgent Care: 29

### Categories: 23 categories which primarily focus on chronic conditions and illnesses, and health issues:

- Autism
- Cancer
- Cardiac/ Circulatory
- CNS/ Neuromuscular
- Dental
- Ear-Nose-Throat
- Endocrine/ Metabolic
- Foot Disorders
- Genetic Disorder and Disease
- GI/GU
- Hepatitis
- Immune Disorders
- Infectious Disease
- Injuries
- Mental Health
- Obesity
- OBGYN/ Pregnancy
- Orthopedic/ Musculoskeletal
- Pain
- Plastic or General Procedure
- Respiratory
- Skin Disorders
- Vision

<sup>1</sup> California Health and Human Services Open Data- <https://data.chhs.ca.gov/dataset/independent-medical-review-imr-determinations-trend>



**Noticeable Research Trends—Independent reviewer reasons primarily for decision being upheld:**

- Lack of submitted documentation failed to provide solid evidence for support of health care services and treatment.
- Many alternative treatments were not medically proven to be more beneficial for treatment of enrollee.
- Independent reviewers believed other medications and services were more beneficial; therefore, the denial of service, treatment, or procedure was more likely to be upheld by the reviewer or DMHC.
- Medications or treatment were not determined medically necessary for enrollees, because the treatments were not seen as beneficial or having the ability to improve the patient's condition.
- Step therapy: Requires a doctor to prescribe a lower cost medication before “stepping up” to a more expensive medication.
- Lack of **evidence based** medical literature does not support the use of the requested medication or treatment.





## Categories From Our Sample Set

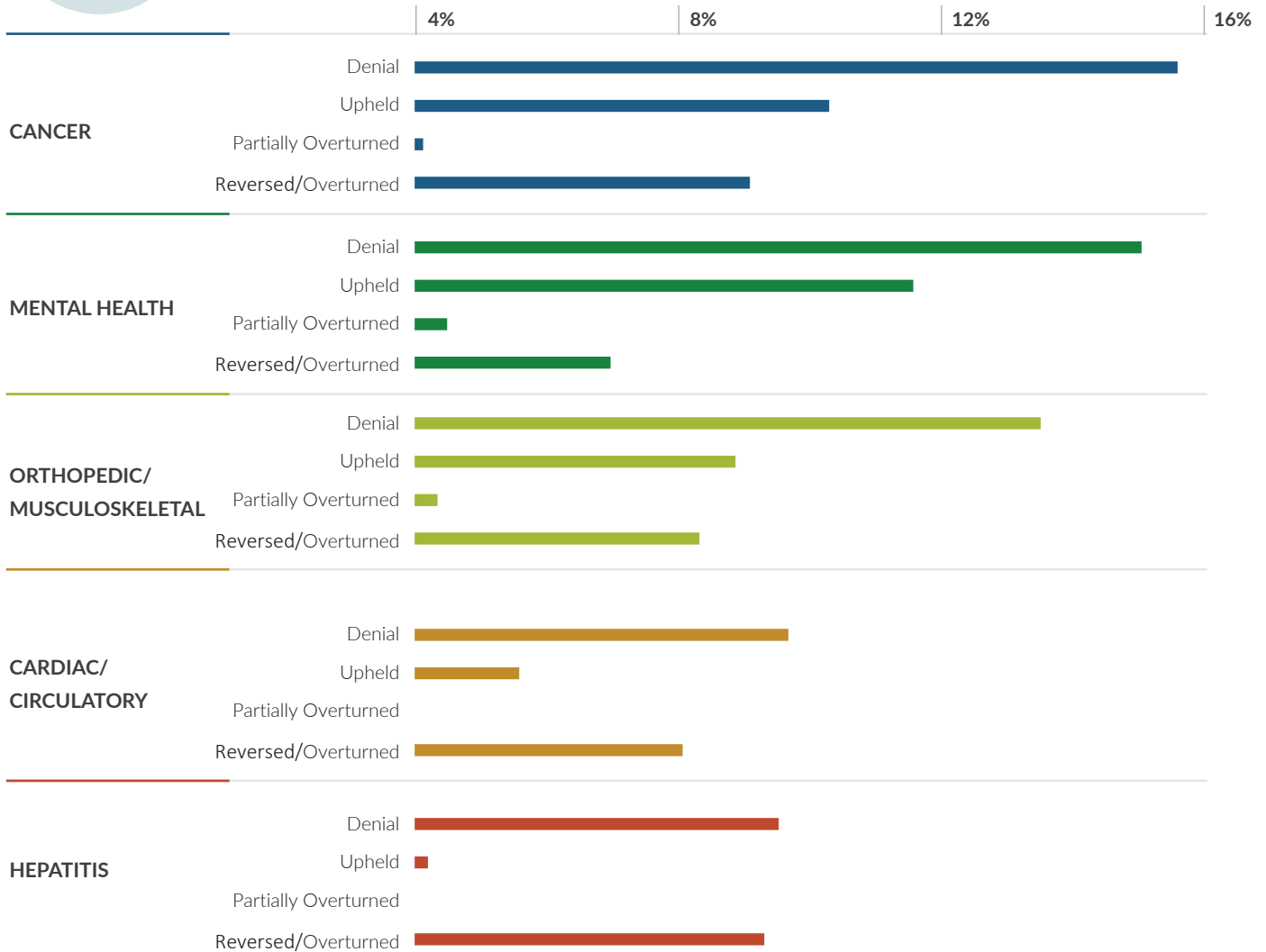
CANCER	<b>Determination:</b>		<b>Specific diseases and services that had higher count included the following:</b>	
	Reversed or Overturned	70	Melanoma	
	Partially overturned	2	Lung Cancer	
	Upheld	87	Screening due to family history and cancer risk	
	123 out of 159 IMR reviewed were determined experimental/ investigational.			
MENTAL HEALTH	<b>Determination:</b>		<b>Specific mental health issues and services that had high count included the following:</b>	
	Reversed or Overturned	41	Depression	
	Partially Overturned	7	Substance Abuse	
	Upheld	104	Gender Dysphoria	
ORTHOPEDIC/ MUSCULOSKELETAL	<b>Determination</b>		<b>Specific diseases and services that had higher count included the following:</b>	
	Reversed or Overturned	59	Osteoarthritis	
	Partially Overturned	5	Knee Pain/ Problem	
	Upheld	67	Back Pain	
CARDIAC/ CIRCULATORY	<b>Determination:</b>		<b>Specific diseases and services that had higher count included the following:</b>	
	Reversed or Overturned	56	Hyperlipidemia	
	Partially Overturned	0	Hypertension	
	Upheld	22	Atrial Fibrillation	
HEPATITIS	<b>Determinations:</b>		<b>Types of Hepatitis in sample review were:</b>	
	Reversed or Overturned	73	Hepatitis C	67
	Partially Overturned	0	Hepatitis B	9
	Upheld	3		

Hepatitis C 67  
Hepatitis B 9





## Total Health Plan Denials



## Denials Percentages

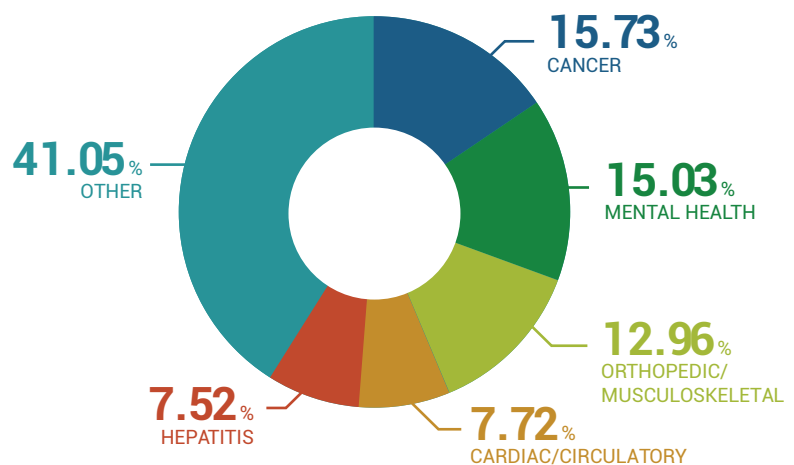


Figure based on percentage of IMR cases categorized in our sample of 1011

## Sample Cases

### CANCER

Overtaken Decision  
of Health Plan 2017

Brain Cancer/Rx

Male 0-10

Experimental/  
Investigational

Nature of Statutory Criteria/Case

**Summary:** The parent of an enrollee has requested authorization and coverage for Mekinist/trametinib.

**Findings:** The physician reviewer found that there is sufficient support for the requested medication in this clinical setting. Mekinist has been shown in multiple studies to have clinical response, specifically in patients with plexiform neuroma and also in low grade gliomas in patients with neurofibromatosis, type 1. Furthermore, research shows excellent two-year progression-free survival. Because neurofibromatosis, type 1 is a cancer predisposition syndrome, treatment with radiation should be withheld unless there are no other options. Otherwise, the risk of secondary malignancies is greater. In addition, chemotherapy versus targeted therapy has a higher side effect profile. In sum, Mekinist/trametinib is likely to be more efficacious than other treatment options.

**Final Result:** Two of the three reviewers determined that the requested medication is likely to be more beneficial for treatment of the patient's medical condition than any available standard therapy. Therefore, the Health Plan's denial should be overturned.

**Credentials/Qualifications:** Physician reviewers 1,2 and 3 are board certified in pediatrics with sub-specialty certification in pediatric hematology-oncology and are actively practicing. The reviewer is an expert in the treatment of the enrollee's medical condition and knowledgeable about the proposed treatment through recent or current actual clinical experience treating those with the same or a similar medical condition.

### ORTHOPEDIC/ MUSCULOSKELETAL

Overtaken Decision  
of Health Plan 2017

Juvenile  
Spondyloarthritis/Rx

Female 11-20

Medical Necessity

Nature of Statutory Criteria/Case

**Summary:** The parent of an enrollee has requested authorization and coverage for intravenous (IV) Remicade infusions.

**Findings:** The physician reviewer found that the request for IV Remicade infusions has been established as medically necessary for treatment of the patient's juvenile spondyloarthritis. The patient has been treated with NSAIDs, methotrexate, and Humira. The patient did respond to Humira initially but then lost response. The provider recommends Remicade infusions to treat the patient's inflammatory arthritis. Remicade is indicated for children with Crohn's disease, thus supporting its safety in the pediatric population. There are additional studies indicating that Remicade is safe in juvenile arthritis. Remicade is also indicated for adult ankylosing spondylitis, which is the same category of arthritis as this patient's disease. The efficacy and safety of Remicade in

ankylosing spondylitis is well established. For juvenile spondyloarthritis, Remicade has demonstrated a significant improvement in arthritis, enthesitis, inflammatory markers, pain, and physical function. In this case, the patient's inflammatory disease will likely respond to Remicade, and is medically necessary for prevention of long-term damage that may result from untreated inflammatory arthritis. For the reasons provided, the requested services are medically necessary for treatment of the patient's medical condition.

**Final Result:** The reviewer determined that the requested services are medically necessary for treatment of the patient's medical condition. Therefore, the Health Plan's denial should be overturned.

**Credentials/Qualifications:** The reviewer is board certified in pediatrics with sub-specialty certification in pediatric rheumatology and is actively practicing. The reviewer is an expert in the treatment of the enrollee's medical condition and knowledgeable about the proposed treatment through recent or current actual clinical experience treating those with the same or a similar medical condition.

## CARDIAC/ CIRCULATORY

### Nature of Statutory Criteria/Case

Upheld Decision of  
Health Plan 2017

Coronary Risk/Heart  
Scan

Female 51-64

Experimental/  
Investigational

**Summary:** The enrollee has requested reimbursement for the heart scan coronary computed tomography angiography (CCTA) provided.

**Findings:** The physician reviewer found that based on the records provided, the patient presents with some coronary risk but no documented coronary disease. In this circumstance guidelines for the management of cardiac risk and dyslipidemia have been established, are periodically updated by expert committees and are endorsed by several national organizations. These guidelines currently do not recommend routine performance of specialized tests in the context of assessing coronary risk including coronary CT scanning. Treatment change or addition based on the results of screening with CCTA has not been shown to improve cardiac outcome incremental to that achievable by treatment based on standard risk factor profiling and basic lipid analysis. All told, the CCTA provided was not likely to be more beneficial for evaluation of the patient's medical condition than any available standard therapy.

**Final Result:** All three reviewers determined that the diagnostic procedure at issue was not likely to be more beneficial for evaluation of the patient's medical condition than any available standard therapy. Therefore, the Health Plan's denial should be upheld.

**Credentials/Qualifications:** Physician reviewer 1, 2 and 3 are board certified in internal medicine with sub-specialty certification in cardiovascular disease and are actively practicing. The reviewers are experts in the treatment of the enrollee's medical condition and knowledgeable about the proposed treatment through recent or current actual clinical experience treating those with the same or a similar medical condition.



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Overtaken Decision  
of Health Plan 2017

Substance Abuse/  
Meds

Male 31-40

Medical Necessity

## MENTAL HEALTH

### Nature of Statutory Criteria/Case

**Summary:** The physician reviewer found that buprenorphine has been approved for use in the United States for the treatment of opioid use disorder, and today is a leading treatment modality in efforts to combat the burgeoning opioid epidemic.

**Findings:** Buprenorphine comes in several preparations: Subutex sublingual (buprenorphine mono-tablet), Suboxone sublingual tablet and film strip (buprenorphine-naloxone combination), Bunavail (buprenorphine-naloxone buccal film), Buprenex (buprenorphine injectable) and Butrans (buprenorphine transdermal patch). The medical record indicates the patient has been regularly attending clinic appointments. Per the documentation, Suboxone sublingual tablets have been poorly tolerated, resulting in nausea, congestion and both numbness and paresthesia of the extremities. Thus, the provider has recommended Suboxone film, and this medication is safe and appropriate when taken as prescribed. There is sufficient support for the requested medication in this clinical setting. All told, the requested Suboxone 8-2mg film is medically necessary for the treatment of this patient.

**Final Result:** The reviewer determined that the requested medication is medically necessary for treatment of the patient's medical condition. Therefore, the Health Plan's denial should be overturned.

**Credentials/Qualifications:** The reviewer is board certified in psychiatry and is actively practicing. The reviewer is an expert in the treatment of the enrollee's medical condition and knowledgeable about the proposed treatment through recent or current actual clinical experience treating those with the same or a similar medical condition.

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Overtaken Decision  
of Health Plan 2018

Hepatitis/Anti-Virals

Male 31-40

Medical necessity

## HEPATITIS

### Nature of Statutory Criteria/Case

**Summary:** An enrollee has requested authorization and coverage for Mavyret 100-40 mg, three tablets daily, for eight weeks.

**Findings:** The physician reviewer found that, according to the most recent joint guidelines issued by the American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA), all patients with chronic hepatitis C should be treated except those with limited life expectancy due to non-liver-related conditions. The guidelines recommend that all patients should be treated, regardless of fibrosis stage. The guidelines recommend that non-cirrhotic, treatment-naïve, genotype 1a patients should be treated with Mavyret for eight weeks. These recommendations are based on multiple randomized clinical trials, and the medication is U.S. Food and Drug Administration (FDA) approved for all patients with chronic hepatitis C, genotype

1 regardless of fibrosis stage. All told, Mavyret 100-40 mg, three tablets daily, for eight weeks is medically necessary for the treatment of this patient.

**Final Result:** The reviewer determined that the requested medication regimen is medically necessary for treatment of the patient's medical condition. Therefore, the Health Plan's denial should be overturned.

**Credentials/Qualifications:** The reviewer is board certified in internal medicine with sub-specialty certification in gastroenterology and is actively practicing. The reviewer is an expert in the treatment of the enrollee's medical condition and knowledgeable about the proposed treatment through recent or current actual clinical experience treating those with the same or a similar medical condition.

# DMHC Analysis

## CALIFORNIA DEPARTMENT OF MANAGED HEALTHCARE



### Overview and Background

The Department of Managed Health Care (DMHC) regulates 123 licensed health plans, including plans under managed care Medi-Cal and 96 percent of commercial and public markets. The regulation ensures that the California healthcare system is **effective** for Californians. The DMHC strives to protect the health care rights of more than 26 million Californians.



### IMRs for all health plans in 2017 Cases closed

Among 2,297 Medical Necessity IMRs, 1,014 were upheld, 943 were overturned and 340 were reversed.

Among 1,648 Experimental/ Investigational IMRs, 737 were reversed, 504 were upheld, and 407 were overturned.

Among 103 ER Reimbursement IMRs, 44 were upheld, 41 were overturned, and 18 were reversed.



### Website Analysis

In 2017, consumers submitted 4,048 Independent Medical Review cases (IMR) to the DMHC.<sup>2</sup> More than 61 percent of enrollees that submitted independent medical review requests received the care they needed.<sup>3</sup>



### Consumer Complaints in 2017<sup>5</sup>

- In 2017, the DMHC resolved 8,843 consumer complaints on various issues such as attitude of providers, coordination of care, and issues regarding benefits.
- Top Complaints in 2017 (Complaints by Issue)
- 2,511 Enrollment
- 2,093 Claims/ Financial
- 2,040 Benefits/ Coverage
- 1,071 Attitude/ Service of provider
- 511 Attitude/ Service of health plan
- 421 Access Issues
- 202 Coordination of Care

<sup>2</sup> DMHC Infographic - <http://www.dmhc.ca.gov/Portals/0/Docs/DO/2017-Annual-Report-web.pdf>

<sup>3</sup> DMHC - <http://wpso.dmhc.ca.gov/Dashboard/ComplaintsIMRs.aspx>

<sup>4</sup> DMHC - <http://wpso.dmhc.ca.gov/Dashboard/ComplaintsIMRs.aspx>

<sup>5</sup> DMHC - Consumer complaints - <http://wpso.dmhc.ca.gov/Dashboard/ComplaintsIMRs.aspx>



The health plans with the Most Enforcement Actions taken for all health types in 2017 were:<sup>6</sup>

		ENROLLEES	ACTIONS per 10,000
	Aetna Health of California, Inc.	268,832	27
	Blue Cross of California (Anthem Blue Cross)	3,884,263	25
	California Physicians' Service (Blue Shield of California)	3,273,536	17
	Kaiser Foundation Health Plan, Inc. (Kaiser Permanente)	8,371,610	56
	Delta Dental of California	23,031,000	11

## Consumer Resources

### MYPATIENTRIGHTS.ORG

My Patient Rights (MPR) is a website created by the CCCC inspired by actual patients that have experienced barriers to healthcare such as denials, high out of pocket costs, delays, and out-of-network charges. MPR is a one stop shop which allows for patients to share their stories, file complaints with their health plan and/or state regulators. State and federal law protects patient rights. When patients sign up for a health plan and/or if they have problems accessing care through their health plan, it is important for patients to know their rights. MPR allows patients to learn more about their rights and provides an easy step-by-step guide on how to navigate filing a complaint. It can help guide healthcare consumers to resolve their issues and provide tools to better navigate our complex healthcare system to receive the healthcare they deserve.

Visit website at: <http://www.mypatientrights.org/>

<sup>6</sup> DMHC Most Enforcement Actions - <http://wpso.dmhca.ca.gov/Dashboard/EnforcementActions.aspx>

## OFFICE OF PATIENT ADVOCATE (OPA)

The Office of the Patient Advocate (OPA) advocates for consumer interests by publicly reporting health care quality data so consumers can make informed decisions. OPA's goal is to better enable health care consumers to access the health care services for which they are eligible.

### OPA is charged with producing:

- Health Care Quality Report Cards with clinical performance and patient experience data for the state's largest health plans, and data about clinical performance, patient experience, and total cost of care for over 200 medical groups.
- Annual Health Care Complaint Data Reports with data findings based on health care consumer complaint data and call center information submitted to OPA from the Department of Managed Health Care, Department of Health Care Services, Department of Insurance, and Covered California.
- Information about State Consumer Assistance Service Centers' standards and protocols for responding to consumer concerns and referring calls outside of their jurisdiction.

Visit website at: <http://www.opa.ca.gov>

## KNOX-KEENE ACT

The Knox-Keene Act of 1975 transferred the regulatory powers of healthcare to the California Departments of Corporations, eventually creating the DMHC. The Act set formal guidelines to manage health plans. Currently, the DMHC regulates 123 licensed health plans, including 75 full service and 48 specialized plans, to manage the care of Californians.

More information at: <https://www.dmhc.ca.gov/aboutthedmhc/lawsregulations.aspx#knoxkeene>

## CALIFORNIA DEPARTMENT OF INSURANCE

The California Department of Insurance's (CDI) mission is to protect consumers through insurance regulation. The department was created in 1868 and oversees "insurer solvency, licensing agents and brokers, conducting market conduct reviews, resolving consumer complaints, and investigating and prosecuting insurance fraud..."<sup>7</sup> (CDI)

More information at: <http://www.insurance.ca.gov/>

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<sup>7</sup> CA Department of Insurance - <http://www.insurance.ca.gov/0500-about-us/02-department/index.cfm>



## Conclusion

The California Chronic Care Coalition (CCCC) reviewed IMR determinations data managed by the Department of Managed Healthcare (DMHC). We evaluated a sample of IMR reviews in 2017 and part of 2018. In addition, we highlighted the various data found on the DMHC website regarding health plans, IMR determinations, complaint issues, and enrollee information in 2017. We hope that this research brings more awareness and understanding of the various enrollee issues and healthcare services being reviewed. The DMHC is a great value to California and has a mission to protect the healthcare rights of Californians. Their website is a great resource for those who have complaints and have particular issues with their health plans. The IMR data managed by the DMHC can also help organizations such as various non-profits and coalitions to better understand trends in access and denials.



**My Patient Rights**

<http://www.mypatientrights.org/>



**California Chronic Care Coalition**

<http://www.californiachroniccare.org/>