
Notice of Independent Medical Review Determination

Dated: 8/6/2013

[REDACTED]

[REDACTED]

[REDACTED]

Date of UR Decision:

[REDACTED]

5/9/2013

Date of Injury:

3/9/2013

IMR Application Received:

5/16/2013

MAXIMUS Case Number:

CM13-0000389

- 1) MAXIMUS Federal Services, Inc. has determined the request for Eight (8) Individual Psychotherapy Sessions **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/16/2013 disputing the Utilization Review Denial dated 5/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/27/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Eight (8) Individual Psychotherapy Sessions **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Doctor of Psychology who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology, 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 9, 2013.

“CLINICAL SUMMARY: Marla Young is a 35 year old female who sustained an Injury while at work on 3/9/13, She was assaulted by a patient who attacked her from behind, rammed her head into a wall, She is off work. The carrier has accepted physical/mental.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

[REDACTED]

1) Regarding the request for Eight (8) Individual Psychotherapy Sessions:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, 2004, Chapter 15, pages 387-388, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Chronic Pain Medical Treatment Guidelines, page 101, which is also part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the guidelines used by the Claims Administrator do not address the employee's condition and requested treatment. The Expert Reviewer relied on the National Institute for Clinical Excellence (NICE) Guideline (March 2005), Post-traumatic stress disorder (PTSD), Clinical Guideline 26, which is a medical treatment guideline that is not part of the MTUS.

Rationale for the Decision:

The employee was assaulted at work on 3/9/2013 and diagnosed with post-traumatic stress disorder (PTSD) and a lumbar strain. Treatment to date has included physical therapy and medications for muscle aches, spinal pain, and headaches. A request was submitted for 8 individual psychotherapy sessions.

Medical records received and reviewed indicate the employee has experienced several indicators of PTSD, including episodes of depression, anxiety, and nightmares. The Expert Reviewer determined that the MTUS does not address the employee's condition and requested treatment. The NICE guideline referenced above includes criteria for determining when and how many therapy sessions are appropriate to treat PTSD. The guideline indicates that 8 to 12 sessions of trauma-focused psychological treatment are appropriate for patients whose PTSD symptoms have been present for more than 3 months after the traumatic event. More than 3 months have passed since the employee's assault, and the employee continues to show PTSD symptoms. The request for Eight (8) Individual Psychotherapy Sessions is medically necessary and appropriate.

Effect of the Decision:

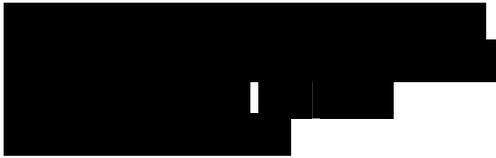
The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Paul Manchester, MD, MPH
Medical Director

cc:

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/ldh /dj

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.