MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

1) MAXIMUS Federal Services, Inc. has determined the urgent request for cognitive behavioral therapy x6 sessions with a behavioral therapist **is conditionally medically necessary and appropriate if** specific tests (outlined in the rationale) demonstrate psychological impairment.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/11/2013 disputing the Utilization Review Denial dated 5/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/13/2013. 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 urgent request for cognitive behavioral therapy x6 sessions with a behavioral therapist **is conditionally medically necessary and appropriate if** specific tests (outlined in the rationale) demonstrate psychological impairment.

Medical Qualifications of the Expert Reviewer:
The independent Psychologist who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 May 24, 2013

" Nurse Clinical summary: DOI 2/22/13, claimant has low back pain and just a minor area of point tenderness in the right lower lumbar. The shoulder continues to have discomfort across the posterior musculature. The neck is netter except for some continued muscle soreness at the posterior base of the neck, his main problems continue to be headaches followed by memory loss. He does it on a daily basis when he wakes up often with anxiety. He has been going to PT and doing rehab and feels he is getting somewhat stronger.

"Reviewer comments
The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. The mechanism of injury was not provided in the medical records. Medications were not reported. Surgical history was not reported. Diagnostic studies were not reported. Other therapies include an unknown number of sessions of physical therapy and a home exercise program. A clinical note dated 04/22/2013 signed by [redacted] reported the patient had been seen by [redacted] the past week and the patient stated he felt he benefited from the visit with her. He reported his symptoms continued to improve. He noted he had less low back pain and just a minor area of point tenderness in the right lower lumbar spine. His shoulder continued to have discomfort across the posterior musculature. The right shoulder was painful with certain movements and internal rotation. His neck was better except for some continued muscle soreness of the posterior base of the neck and his main problem continued to be headaches followed by memory loss, which he reported happens on a daily basis when he wakes up often. He reported feelings of anxiety. He was noted to have been going to physical therapy and doing some rehab and felt he was getting somewhat

stronger and could lift around 20 to 40 pounds on testing. He was reported to be avoiding medications. He was noted to have no numbness, tingling, or radiating pain. On physical exam, the patient was noted to have tenderness across the posterior shoulders, which continues to be well muscle wise, and there were no localized findings. The right shoulder had a mildly positive impingement sign and slight decreased internal rotation reaching behind the back. There was full overhead reaching. Motor strength was 4+/5 of the right should flexors. The upper extremities were neurologically normal. Cervical and lumbar range of motion was within functional limits, not inhibited, and without pain at endpoints. The physician reported that the consultation dated 04/15/2013 reported that [redacted] had diagnosed the patient with concussion, depression, anxiety, cervical DDD, and lumbar DDD and recommendations included neuropsychological testing and cognitive-behavioral therapy, possibly in addition to antidepressant medication. She stated he should avoid contact with sports and limit use of narcotics and NSAIDs. She also suggested a referral to a chiropractor to adjust the chronic cervical pain. The patient is reported to have undergone a steroid injection to the right should on that date."

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:

- Application for Independent Medical Review (received 6/11/13)
- Utilization Review Determination from [redacted] (dated 5/24/13)
- No medical records were provided for review
- Official Disability Guidelines (ODG) (updated 6/7/13), Behavioral Intentions Section
- Chronic Pain Medical Treatment Guidelines (2009), Behavioral Intentions, pg 23

1) **Regarding the urgent request for cognitive behavioral therapy x6 sessions with a behavioral therapist :**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Behavioral Interventions, pg. 23, of the California Medical Treatment Schedule (MTUS) and the Official Disability Guidelines (ODG) (updated 6/7/13), Pain Chapter, Behavioral Interventions Section. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
There were no medical records provided from the Claims Administrator or Interested Parties for this review. As a result, the Expert Reviewer's determination is based solely on the information presented on the Utilization Review Determination and comments made by reviewer, [redacted] M.D.

On 2/22/13 the employee experienced a minor area of tenderness in the right lower lumbar region, shoulder discomfort across the posterior musculature

muscle soreness at the posterior base of the neck, headaches followed by memory loss, and anxiety upon waking. Per the UR determination, the medical records reviewed did not provide mechanism of injury, surgical history, diagnostic studies or medications provided. The employee was noted to have undergone physical therapy and rehab sessions and was feeling much stronger, but there was no indication of the number treatments undertaken. The UR determination notes the employee was diagnosed with concussion, depression, anxiety, cervical DDD, and Lumbar DDD in a report by [redacted] dated 4/15/13. There was reference to administration of a steroid injection. The report recommended neuropsychological testing and cognitive behavioral therapy.

The clinical information submitted for review fails to meet the California MTUS, the evidence-based Chronic Pain Medical Treatment Guidelines, and the ODG's Cognitive Behavioral Therapy (CBT) for chronic pain. MTUS Chronic Pain Guidelines and ODG's recommend screening of patients with risk factors, including fear avoidance beliefs that will delay recovery. "Initial therapy for "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine". (Chronic Pain Guidelines) ODG's state CBT is considered if there is a lack of progress from physical medicine after 4 weeks. Based on the information submitted for review, it does not appear that the employee was screened for any fear avoidance beliefs that may be hindering recovery and there is no information pertaining to the number of physical therapy sessions received or medications being used. In addition, there is no medical and/or psychological diagnostic information supporting comorbid diagnoses of depression and anxiety. However, if a fear avoidance belief questionnaire (FABQ) demonstrates risk factors to recovery (fear avoidance beliefs) and there is a lack of physical progress after 4 weeks of physical therapy; or (B) a detailed behavioral assessment demonstrates severe psychological impairment (i.e. depression, anxiety, PTSD) then the urgent request for cognitive behavioral therapy x6 sessions with a behavioral therapist **is conditionally 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
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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.