

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/22/2013
Date of Injury: 8/20/2007
IMR Application Received: 8/14/2013
MAXIMUS Case Number: CM13-0011529

- 1) MAXIMUS Federal Services, Inc. has determined the request for **six cognitive behavioral therapy sessions between 6/4/2013 and 8/29/2013 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **six biofeedback sessions between 6/4/2013 and 8/29/2013 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **six medication management sessions between 6/4/2013 and 8/29/2013 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. 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 **six cognitive behavioral therapy sessions between 6/4/2013 and 8/29/2013** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **six biofeedback sessions between 6/4/2013 and 8/29/2013** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **six medication management sessions between 6/4/2013 and 8/29/2013** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry 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.

Expert Reviewer Case Summary:

This is a case of 49 year old woman who worked as a messenger clerk for the [REDACTED]. She sustained work injuries between 8/20/2007 and 11/29/2012. She has been diagnosed by a psychologist with Depressive Disorder Not Otherwise Specified with anxiety as well as 316.00 Psychological Factors Affecting Medical Condition (stress intensified headache, TMJ, teeth grinding, neck/shoulder/back muscle tension/pain, shortness of breath, chest pain, palpitations, and constipation. She was initially approved for four CBT sessions but there is no evidence in the records provided to this reviewer that any of these took place.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for six cognitive behavioral therapy sessions between 6/4/2013 and 8/29/2013:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 23, which is part of the MTUS.

Rationale for the Decision:

According to the MTUS Chronic Pain Guidelines, page 23, it is appropriate to consider a separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone. An initial trial of 3-4 psychotherapy visits over 2 weeks is indicated. With evidence of objective functional improvement, more sessions can be recommended later. This is why I am recommending non-certification for six CBT sessions as the guidelines suggest an initial trial of only 3-4 sessions. **The request for six cognitive behavioral therapy sessions is not medical necessary and appropriate.**

2) Regarding the request for six biofeedback sessions between 6/4/2013 and 8/29/2013:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 24-25, which is part of the MTUS.

Rationale for the Decision:

According to the MTUS Chronic Pain Guidelines, biofeedback may be approved if it facilitates entry into a Cognitive Behavioral Treatment (CBT) treatment program, where there is strong evidence of success. According to a study by Voerman 2006, 36% of chronic whiplash patients studied showed evidence of improvement after four weeks. In Voerman's study, 64 percent of patients did not improve after four weeks. In most cases, if patients do not improve after four weeks they are very unlikely to benefit from biofeedback. **The request for six biofeedback sessions is not medically necessary and appropriate.**

3) Regarding the request for six medication management sessions between 6/4/2013 and 8/29/2013:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Stress Related Conditions Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter Pharmacotherapy section, which is part of the MTUS, and the MTUS Chronic Pain Medical Treatment Guideline, page 13, which is part of the MTUS.

Rationale for the Decision:

There are no records of psychological treatment that may have been done already included in the information given to this reviewer. It seems rational to start with Cognitive Behavioral Therapy (CBT) before medication management begins for two reasons. First, it would not be possible to separate the beneficial effects of CBT if psychiatric medications were started at the same time. Second, psychiatric medications may very well not be necessary if CBT and possibly biofeedback were tried first and were successful. If CBT and/or biofeedback prove ineffective over time, medication management may be reasonable later. **The request for six medical management sessions is not 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: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/bh

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.