

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:	8/2/2013
Date of Injury:	9/1/2003
IMR Application Received:	8/27/2013
MAXIMUS Case Number:	CM13-0017188

- 1) MAXIMUS Federal Services, Inc. has determined the request for **psychotherapy (three times a week for at least two months) is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/27/2013 disputing the Utilization Review Denial dated 8/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **psychotherapy (three times a week for at least two months)** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Expert Reviewer 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.

Expert Reviewer Case Summary:

The patient is a 41-year-old female with date of injury of 9/1/03. Since that time, the patient has experienced medical issues related to her neck, cervical spine, bilateral upper extremities, and face. Psychological issues have involved symptoms of depression and anxiety. In a progress report from Dr. [REDACTED] dated 8/15/13, he diagnosed the patient with adjustment disorder with anxiety and depression and obsessive compulsive disorder. For the purpose of this review, this reviewer will defer to the diagnosis presented by Dr. [REDACTED] in an AME psychological report dated 8/7/13 in which he diagnosed the patient with Major Depressive Disorder, single episode, severe, with psychotic features, mood congruent (psychotic features currently in remission with psychiatric treatment); Panic Disorder without agoraphobia; and Generalized Anxiety Disorder.

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 Psychotherapy (three times a week for at least two months):

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 23, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 101 – 102, which is part of the MTUS as well as the Official Disability Guidelines, Cognitive Therapy for Depression and Panic Disorder which is not part of MTUS.

Rationale for the Decision:

Based on review of the submitted documentation, it does appear that the employee is struggling with mental health issues related to depression and anxiety and would benefit from Cognitive Behavioral Therapy (CBT) psychotherapy services per the Chronic Pain Guidelines. However, MTUS does not address the specific amount of treatments, and therefore, the Official Disability Guidelines were referenced. The request for “psychotherapy (three times per week for at least two months)” exceeds the initial number of total sessions and frequency suggested by the Official Disability Guidelines for cognitive therapy for depression and for panic disorder. According to those guidelines, an “initial trial of six visits over six weeks” is suggested and “with evidence of objective functional improvement, a total of 13-20 sessions over 13-20 weeks” may be necessary. The Official Disability Guidelines for cognitive therapy for panic disorder suggests “12-14 sessions, conducted on a weekly basis”. **Therefore, the request for Psych therapy (three times a week for at least two months) is not medically necessary or 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

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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.