

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Notice of Independent Medical Review Determination**

Dated: 8/20/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	1/2/2011
IMR Application Received:	7/10/2013
MAXIMUS Case Number:	CM13-0001100

- 1) MAXIMUS Federal Services, Inc. has determined the request for 18 sessions of individual psychotherapy **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/10/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/11/2013. 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 18 sessions of individual psychotherapy **is not 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 July 9, 2013.

“This is a 57-year-old male with a 1/2/2011 date of injury, when he slipped on ice while dumping trash, thus sustaining injuries to his right knee, shoulder and low back. 6/18/2013 progress report per [REDACTED], D.C., QME, indicates that the patient reports no major changes and complains of throbbing pain in his head area bilaterally at pain level 5/10; achy and dull pain at 4/10 in the bilateral neck region with stiffness, right shoulder pain at 5/10 with stiffness, achy and dull pain at 5/10 in the low back bilaterally with restricted movement, achy and dull pain at 4/10 in the bilateral knees with stiffness and exacerbated by activity, anxiety attacks and sleeplessness. Physical examination demonstrates obese body habitus with BMI of 30.7 and anxious mental state. 6/10/2013 comprehensive narrative report (consisting of medical record review) per Dr. [REDACTED] acknowledges that the patient exhibits anxiety and stress associated with his work-related medical condition. Dr. [REDACTED] accepts and adopts Dr. [REDACTED] opinions (please see below).

“4/19/2013 AOE/COE psychodiagnostic evaluation (ML 104) report per [REDACTED], PhD., QME, concludes that the patient sustained a psychiatric injury as a consequence of the significant pain and limitations posed by his physical condition. The patient's concerns about his physical symptoms have resulted in a pain disorder associated with psychological factors and a general medical condition, a sleep disorder and a mood disorder. The events from work are the substantial and preponderant cause as to all factors combined of the patient's psychological disability and diagnosis. Dr. [REDACTED] recommends 18 sessions of individual psychotherapy with a bilingual/bicultural clinician who can assist him in developing appropriate coping strategies for his pain and depression; education on sleep hygiene techniques and progressive muscle relaxation; no psychotropic medication is required at this time, though an antidepressant such as Celexa may be indicated in the future should the patient's depression worsen as a

function of his pain; and reevaluation of the patient's permanent and stationary status on or about 1/15/2014 after completion of the recommended psychological treatment. Diagnoses include pain disorder associated with both psychological factors and a general medical condition; sleep disorder, insomnia type, due to a general medical condition; mood disorder due to a general medical condition with mixed emotional features of depression and anxiety; right shoulder full thickness supraspinatus rotator cuff tear and anterior impingement, status post arthroscopic right rotator cuff repair; periarthritis of the shoulder; bursitis of the shoulder; strain/sprain of the neck; brachial neuritis or radiculitis not otherwise specified; displacement of lumbar intervertebral disc without myelopathy; post-surgical state (unspecified); sciatica, neuralgia or neuritis; and muscle spasms. Treatment to date has included right shoulder arthroscopic rotator cuff repair with subacromial decompression (resection of the coracoacromialligament, undersurface of the anterolateral acromion, and resection of the anterolateral bursa) per Dr. [REDACTED] on 3/6/2013; right total knee replacement per Dr. [REDACTED] on 4/4/2012, lumbar medial branch nerve blocks per Dr. [REDACTED] on 11/14/2012, shoulder brace, physical therapy, chiropractic, acupuncture, and medications. The patient is temporarily totally disabled until 7/16/2013. The request is for 18 sessions of individual psychotherapy.”

#### **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 dated 7/10/2013
- Utilization Review Determination provided by [REDACTED] dated 7/09/2013
- Medical Records from 7/12/2012 through 7/16/2013
- Chronic Pain Medical Treatment Guidelines, 2009, Psychological Evaluations/Treatment, pages 100-102

#### **1) Regarding the request for 18 sessions of individual psychotherapy:**

##### 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, Psychological Evaluations/Treatment, pages 100- 102, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the section of the MTUS cited by the Claims Administrator does not address an appropriate number of psychotherapy sessions and is not applicable and relevant to the issue at dispute. The Expert Reviewer stated that the Chronic Pain Medical Treatment Guidelines, 2009, Behavioral Interventions, page 23, of the MTUS is applicable and relevant to the issue at dispute.

##### Rationale for the Decision:

The employee injured both knees, right shoulder, low back, and neck in a slip and fall injury on 1/2/2011. The employee has had right total knee replacement surgery, right shoulder arthroscopic surgery, lumbar medial branch blocks, physical therapy, chiropractic, acupuncture, and medications. Diagnoses included pain disorder associated with psychological factors and general medical conditions which included

depression and anxiety. The request was made for 18 sessions of individual psychotherapy.

The MTUS Guidelines recommend an initial trial of three to four psychotherapy visits over two weeks. If there is evidence of objective functional improvement after the initial three to four visits a total of up to six to ten visits over five to six weeks may be utilized. The submitted records do not indicate that the trial three to four visits have been completed in order to assess for objective functional improvement. The request for 18 sessions of individual psychotherapy 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;

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

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> 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.