

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 8/23/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	4/6/2011
IMR Application Received:	7/10/2013
MAXIMUS Case Number:	CM13-0001102

- 1) MAXIMUS Federal Services, Inc. has determined the requested 12 psychotherapy visits **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 7/1/2013. 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 requested 12 psychotherapy visits **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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 1, 2013

“The claimant is a 42-year-old injured on 04/06/11. The claimant is status post fracture subluxation/dislocation with posttraumatic arthritis proximal interphalangeal joint 5th finger, left hand. Diagnoses are pain disorder associated with psychological factors and general medical condition; and adjustment disorder with mixed anxiety and depressed mood. The claimant reports depression, anger, chronic pain and limitations and anxiety about the future. Objective findings include depression, low frustration tolerance and inadequate coping skills. Provider notes that improvements include decreased anger and increased health promoting behaviors and self care. The current request is for psychotherapy x 12. Chronic Pain Medical Treatment Guidelines note that psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. ODG" TWC Mental Illness & Stress Procedure Summary last updated 05/13/2013 provides psychotherapy guidelines as an initial trial of 6 visits over 6 weeks. With evidence of objective functional improvement, a total of up to 13-20 visits over 13-20 weeks (individual sessions) is allowed. In this case, the documentation does reveal continued subjective complaints as well as functional improvement as result of treatment. However, the documentation does not reveal the number of prior psychotherapy sessions. Given this, recommend partial certification of four additional psychotherapy sessions. Authorization for additional psychotherapy will require documentation of the number of prior therapy sessions as well as specific objective and functional benefit as a result psychotherapy treatment.”

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 7/02/2013
- Medical Records from 7/03/2012 through 5/07/2013
- Chronic Pain Medical Treatment Guidelines, 2009, Psychological Treatment, pages 101-102

1) Regarding the request for 12 psychotherapy visits :

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 Treatment, pages 101-102, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee suffered a fracture subluxation/dislocation of the 5th finger of the left hand on 4/06/2011. The diagnosis was given as pain disorder associated with psychological factors and general medical condition, and adjustment disorder with mixed anxiety and depressed mood. The submitted medical records indicate that the employee has had two prior surgeries for the injured finger and has been under the care of at least two psychologists with 14 or more visits to date. The request was made for 12 psychotherapy visits.

The MTUS section on psychological treatment states that when "pain is sustained in spite of continued therapy (including the above psychological care), intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach." The submitted medical records indicate that the employee continues to express severe pain and depression despite multiple psychological treatments. The request for 12 psychotherapy visits 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, 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.