
Notice of Independent Medical Review Determination

Dated: 10/1/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/1/2013
Date of Injury: 1/22/2011
IMR Application Received: 7/12/2013
MAXIMUS Case Number: CM13-0001295

- 1) MAXIMUS Federal Services, Inc. has determined the request for 16 sessions of individual psychotherapy with cognitive behavioral focus **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 16 sessions of individual psychotherapy with cognitive behavioral focus **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 Licensed 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 2, 2013:

“The patient is a 41 year old male with a date of injury of 1/22/2011. Under consideration is a prospective request for 16 sessions of individual psychotherapy with a cognitive behavioral focus. Review of the submitted documents indicates the patient was being seen for depressive disorder not otherwise specified, with anxiety, and pain disorder. According to the document dated 4/8/13 by Dr. [REDACTED], the patient was experiencing anger, anxiety, depression, poor concentration, occasional nightmares, poor sleep, forgetfulness, and thoughts of suicide. It was also indicated that he had developed dizziness, shakiness, and panic attacks after his back surgery. He was mainly depressed due to the lack of progress in his treatment, and it was indicated that he was unable to work due to orthopedic factors. According to the progress report dated 6/19/13, the patient had completed three of four psychotherapy sessions, and had made good use of them. He continued to have psychological symptoms including anxiety, depression, disturbed sleep, and irritability. He had not been provided pain management support, was not clear on the appropriate use of medications, and did not appear clear on appropriate exercise guidelines.”

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 7/12/13)
- Utilization Review Determination (dated 7/2/13)
- Employee medical records from [REDACTED] PHD (dated 3/25/13-6/19/13)
- Employee medical records from [REDACTED] MD (dated 8/8/12-6/26/13)
- Employee medical records from [REDACTED] MD (dated 12/27/12-1/24/13)

- Employee medical records from [REDACTED] (dated 10/24/12)
- Employee medical records from [REDACTED] MD (dated 6/25/12/3/7/13)
- Employee medical records from [REDACTED] M (dated 7/13/12)
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 101-102

1) Regarding the request for 16 sessions of individual psychotherapy with cognitive behavioral focus:

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) pg. 23 which is part of the Medical Treatment Utilization Schedule (MTUS). 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:

The employee sustained a work-related injury on January 22, 2011. The medical records provided for review indicate a diagnosis of a depressive disorder. Treatments have included 3 previous of psychotherapy. The request is for 16 sessions of individual psychotherapy with a cognitive behavioral focus.

MTUS Chronic Pain guidelines indicate that an initial request of six (6) sessions over six (6) weeks is appropriate; further sessions depend on whether objective functional improvement is evidenced. The medical records provided for review document that the employee attended three (3) of the four (4) sessions ordered. But there was no documentation of achieved objective functional improvement. The request for 16 sessions of individual psychotherapy with cognitive behavioral focus **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

/mbg

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.