
Notice of Independent Medical Review Determination

Dated: 8/29/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/9/2013
Date of Injury: 2/26/2012
IMR Application Received: 7/15/2013
MAXIMUS Case Number: CM13-0001551

- 1) MAXIMUS Federal Services, Inc. has determined the request for 12 group psychotherapy sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 8 biofeedback sessions **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 12 group psychotherapy sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 8 biofeedback sessions **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 9, 2013.

“BRIEF HISTORY:

This 50 year old female worker suffered an industrial injury on 2/26/12. No Psychiatric AME/QME was in the medical record and psych is not currently an accepted body part. Dr. [REDACTED] psychiatric evaluation on 6/14/13 stated that the IW had been referred by Dr. [REDACTED] and depression and anxiety since October, 2012, resulting from the injury. He also stated that the IW had had a previous back injury on 11/29/11 and was off of work for 1 month. The present injury not only re-injured the back, but also injured the chest, neck, and right upper extremity. The IW's psychiatric diagnosis is Adjustment disorder with mixed anxiety and depression. Dr. [REDACTED] plan was to start the IW on Ambien and Ativan and see her in 4 weeks. He also made the above 2 requests.”

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
- Utilization Review by [REDACTED] (dated 7/9/13)
- Employee's Medical Records by [REDACTED] (dated 6/27/13, 6/25/13, 6/14/13, 5/22/13)
- Employee's Medical Records by [REDACTED] (dated 5/8/13)
- Employee's Medical Records by [REDACTED] (dated 5/8/13)

- Employee's Medical Records by [REDACTED], Md (dated 5/6/13)
- Employee's Medical Records by [REDACTED] (dated 4/22/13, 3/21/13)
- Employee's Medical Records by [REDACTED], Md (dated 3/20/13)
- Employee's Medical Records by [REDACTED], Md (dated 2/18/13, 1/21/13, 12/19/12, 12/18/12)
- Employee's Medical Records by [REDACTED] (dated 11/20/12)
- Employee's Medical Records by [REDACTED] (dated 11/13/12)
- Employee's Medical Records by [REDACTED] De (dated 11/13/12)
- Employee's Medical Records by [REDACTED], Md (dated 8/21/12, 4/21/12)
- Employee's Medical Records by [REDACTED] (dated 4/9/12)
- Employee's Medical Records by [REDACTED], Md (dated 3/9/12)
- Employee's Medical Records by [REDACTED] (dated 3/8/12)

1) Regarding the request for (12) group psychotherapy sessions:

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. 101-102, which is part of the California 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 was injured on 2/26/12. Per medical records submitted and reviewed, the employee was diagnosed with cervical spine, thoracic spine, right shoulder and lumbar spine pain. On 5/8/13 the employee was diagnosed with anxiety and atypical chest pain, and was recommended for psychological evaluation and psychotropic medications. Treatment to date has included chiropractic sessions and medication. The request is for 12 group psychotherapy sessions.

The MTUS Chronic Pain Medical Treatment Guidelines indicate that cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective and if pain is sustained in spite of continued therapy, intensive care may be required for mental health professions allowing for multidisciplinary treatment approach. Medical records submitted and reviewed indicate adjustment disorder is one of the employee's diagnoses, but do not indicate a rationale for group psychotherapy sessions. The request for 12 group psychotherapy sessions is not medically necessary and appropriate.

2) Regarding the request for 8 biofeedback sessions:

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 California 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 was injured on 2/26/12. Per medical records submitted and reviewed, the employee was diagnosed with cervical spine, thoracic spine, right shoulder and lumbar spine pain. On 5/8/13 the employee was diagnosed with anxiety and atypical chest pain, and was recommended for psychological evaluation and psychotropic medications. Treatment to date has included chiropractic sessions and medication. The request is for 8 biofeedback sessions.

The MTUS Chronic Pain Medical Treatment Guidelines indicate that cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective and if pain is sustained in spite of continued therapy, intensive care may be required for mental health professions allowing for multidisciplinary treatment approach. Medical records submitted and reviewed indicate adjustment disorder is one of the employee's diagnoses, but do not indicate a rationale for biofeedback sessions. The request for 8 biofeedback 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;

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

/ldh

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.