
Notice of Independent Medical Review Determination

Dated: 9/20/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/2/2013
Date of Injury: 7/7/2009
IMR Application Received: 7/15/2013
MAXIMUS Case Number: CM13-0001573

- 1) MAXIMUS Federal Services, Inc. has determined the requested eight (8) sessions of continued psychological treatment **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 7/2/2013. 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 requested eight (8) sessions of continued physiological treatment **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 Expert 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 48 year old male with a date of injury of 7/7/2009. There is a history of neck, right shoulder, and wrist pain complaints, following reported incident in which a co-worker was putting up metal duct work in closet area and the claimant was lifting the heavy end overhead. Treatment has included conservative care and possible surgical treatment on the shoulder; this was authorized in 09/09 but unclear if it was done. There are also subjective complaints of problems with memory and concentration, frustration tolerance, exposure to crowds, and agitation and irritability. A "Pain Psychology Evaluation" was apparently done followed by 8 treatment sessions; but records of these are not available (Additional promised documentation regarding these issues was not received within the designated time frame). The past medical history includes RSD of both hands, status post carpal tunnel surgery in 2005. The above neuropsychological evaluation of finds impressions of cognitive disorder NOS. The history is also positive for a congenital heart defect. A hx of stroke is noted, with first event at age 13, with subsequent clinically relevant speech deficit. There was a second stroke in 2007, with some motor and speech problems, and then the "patient underwent heart surgery (details unknown). There was a diagnosis of vascular dementia offered as well as childhood hx of ADHD, details and dates unknown. Current medications are hydrocodone, Opana ER, Prozac 20, Ambien, and Lyrica (the last 3 not noted by Dr. [REDACTED]). The patient is reported to be using medical cannabis, which was not noted in Dr. [REDACTED] last visit (he is not the prescriber of this).”

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 (received 7/15/13)
- Utilization Review Determination from [REDACTED] (dated 7/2/13)
- Chronic Pain Medical Treatment Guidelines – Division of Workers' Compensation and Official Disability Guidelines References (May, 2009), pg. 23

Note: No medical records were received timely by the Claims Administrator, Employee, or Provider.

1) Regarding the request for eight (8) sessions of continued psychological treatment :**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 July 7, 2009. No medical records were provided for review; however the Utilization Review Determination from [REDACTED] indicates a history of neck, right shoulder and wrist pain. Treatment has included conservative care and possible surgical treatment on the shoulder. The request is for eight (8) sessions of continued psychological treatment

MTUS Chronic Medical Pain Treatment Guidelines indicate that medical records must be provided to fully evaluate the need for additional psychological treatment. No medical records were provided for review indicating the necessity for further psychological treatment. The request for eight (8) sessions of continued psychological treatment 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
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/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.