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**Notice of Independent Medical Review Determination**

Dated: 9/24/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]  
7/9/2013

12/28/2009

7/18/2013

CM13-0001895

- 1) MAXIMUS Federal Services, Inc. has determined the requested Individual psychotherapy 1 time per week times 6 weeks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested Biofeedback 1 time per week for 6 weeks **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 Individual psychotherapy 1 time per week times 6 weeks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested Biofeedback 1 time per week for 6 weeks **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 a Licensed Psychologist 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:

"According to the Supplemental Psychological Report dated 7/2/13 by Dr. [REDACTED] the patient's presenting problem occurred over the past two years and reportedly has had a deleterious effect on the patient's work performance, personal relationships, and health. Previous treatment for the presenting problem was partially successful. Other related problems include depression. The patient presented with decreased anxiety, depressive, and post traumatic stress disorder symptoms and remained extremely over weight. Mental status examination dated 7/1/13 reported: Beck Anxiety Inventory score was 11 or mild; Depression Inventory II score was 35 or severe; the Posttraumatic Stress Diagnostic Scale score was 26 or moderate. Functional improvements showed reduced sleep disturbance, decreased post-traumatic stress disorder (PTSD) symptoms, increased socialization, improved diet and better food choices, increased activities of daily living (ADL), reduced nightmares, and becoming more proactive in exploring future employment. The patient remained totally temporarily disabled. The patient was diagnosed with posttraumatic stress disorder. There was an additional diagnosis of major depressive disorder."

### 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 7/18/2013)
- Utilization Review from [REDACTED] (dated 7/9/2013)
- Medical Records from [REDACTED], PhD (dated 7/31/12-7/2/13)
- Medical Records from [REDACTED], MD (dated 8/4/12)
- Medical Records from [REDACTED], MD (dated 8/4/12-5/1/13)
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments Pgs. 14-15 & 91-92

#### 1) Regarding the request for Individual psychotherapy 1 time per week times 6 weeks:

##### 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), pgs. 23, and 101-102, 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 December 28, 2009, resulting in a diagnosis of post-traumatic stress disorder (PTSD), anxiety, and depression. Treatments have included pharmacotherapy, individual psychotherapy, relaxation training, cognitive therapy, biofeedback, and behavioral management. The request is for individual psychotherapy one time per week times six weeks.

MTUS Chronic Pain Medical Treatment guidelines indicate that psychological treatment is, "Recommended for appropriately identified patients during treatment for chronic pain." Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing an employee's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders. The medical records provided for review indicate that the employee has received a total of 30 individual sessions which is in excess of the amount recommended by the guidelines. The medical records document inconsistencies with attendance as well as varied objective functional improvement and progress which would not meet criteria for additional sessions beyond the guideline criteria. The request for individual psychotherapy, one time per week times six weeks, **is not medically necessary and appropriate.**

#### 2) Regarding the request for Biofeedback 1 time per week for 6 weeks:

##### 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 December 28, 2009, resulting in a diagnosis of post-traumatic stress disorder (PTSD), anxiety, and depression. Treatments have included pharmacotherapy, individual psychotherapy, relaxation training, cognitive therapy, biofeedback, and behavioral management. The request is for Biofeedback one time per week for six weeks.

MTUS Chronic Pain guidelines do not recommend biofeedback as a stand-alone treatment, but as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. The medical records reviewed indicate the employee has received a total of 30 individual sessions which included biofeedback which is in excess of guideline criteria. The medical records document inconsistencies with attendance as well as varied objective functional improvement and progress which would not meet criteria for additional sessions beyond the guideline criteria. The request for biofeedback one time per week for six weeks **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

/ejf

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.