

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/13/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	10/20/2010
IMR Application Received:	7/18/2013
MAXIMUS Case Number:	CM13-0002008

- 1) MAXIMUS Federal Services, Inc. has determined the request for **eight (8) cognitive behavioral psychotherapy sessions 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 7/23/2013. 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 **eight (8) cognitive behavioral psychotherapy 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, has a subspecialty in Psychiatry and Addiction Medicine 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.

Clinical Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated 7/9/2013.

“CLINICAL SUMMARY: [REDACTED] is a 57 year-old (DOB: [REDACTED]) female [REDACTED] who tripped and fell landing. This happened while at work on 10/20/10. The right shoulder, back, left knee, psyche, neck has been accepted by the carrier. She is currently on modified duty.”

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
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for eight (8) cognitive behavioral psychotherapy sessions:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pgs. 101-102, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs. 23, 101-102, which are part of the MTUS, and the Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain, which is not part of the MTUS.

Rationale for the Decision:

The previous determination dated 07/09/2013 indicated that the employee has had 24 cognitive behavioral therapy sessions and continued to be treated on a regular basis by a psychiatrist, and continues to be on medications including Abilify and desipramine. Continued care would be needed for those 2 medications but guidelines indicate that for cognitive behavioral therapy, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective and psychological treatment incorporated into pain management has been found to have a positive short-term effect on pain, and long-term effect on return to goal. Guidelines further state that initial trial of 3 to 4 psychotherapy visits over 2 weeks may be considered reasonable and with the evidence of objective functional improvement a total of 6 to 10 visits over 5 to 6 weeks of individual sessions may be considered reasonable. Medical records submitted and reviewed indicate the employee has exceeded the guideline criteria and that there is lack of documentation that the employee needs specific psychotherapy sessions. **The request for eight (8) cognitive behavioral psychotherapy 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,

Paul Manchester, MD, MPH
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.