
Notice of Independent Medical Review Determination

Dated: 10/2/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	10/12/2012
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002319

- 1) MAXIMUS Federal Services, Inc. has determined the request for pain management counseling sessions 1 time per week for 12 weeks for a total of 12 sessions **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/12/2013. 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 request for pain management counseling sessions 1 time per week for 12 weeks for a total of 12 sessions **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 12, 2013:

“The patient is a 46-year-old female with a date of industrial injury of 10/12/2012. According to a clinic note on 07/01/13, there was mention of the patient having a prior right shoulder surgery with rotator cuff repair on 09/15/11 and that the patient eventually returned to work full-time with modified duty, but then had reinjured the right shoulder, as well as, the low back at the time of the 10/12/12 work injury, also previous physical therapy and acupuncture offered no help. Also, per 07/01/13 note, there was mention that a right shoulder cortisone injection helped decrease pain for about one week and that an MRI was eventually obtained and showed a rotator cuff tear on the right. The plan was to pursue surgery when authorized. Also, per 07/01/13 note, there was mention that the patient was not working and last worked on 04/10/13. The patient was diagnosed with having bilateral shoulder pain with rotator cuff tears, lumbar strain with regional myofascial pain syndrome of the low back and hip girdles. It was mentioned that if surgery was to be completed in the future, then to hold off on any specific treatment for the low back as the first line of treatment would involve a trial of physical therapy for the low back. There was no indication that she had a surgical lesion of the lumbar spine and there was no indication that she required any type of interventional procedures such as epidural injections, facet joint injections, etc. It was thought that she could benefit from a spine specific program for the low back, but that it would be difficult to implement given the fact that she would be undergoing surgery for the shoulder very soon, along with mention that the patient had indicated pursuing bariatric surgery and that this may also delay care for her low back. Also, per 07/01/13 note, there was mention of the patient having some worsening depression and emotional distress due to the pain and that it was recommended that the patient be treated by a psychologist pain management coping strategies, as well as, stress management.”

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 7/22/2013)
- Utilization Review Determination from [REDACTED] (dated 7/12/2013)
- Employee medical Records provided by the claims administrator
- Employee medical records provided by the employee/employee representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for pain management counseling sessions 1 time per week for 12 weeks for a total of 12 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 of 127 which is a 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 sustained a work-related injury on October 12, 2012 to bilateral shoulders, lower back, and hip. The medical records provided for review indicate the diagnoses of bilateral rotator cuff tears, lumbar strain with regional myofascial pain syndrome of the low back and hip girdles. Treatments have included physical therapy and medication management. The request is for pain management counseling sessions one (1) time per week for 12 weeks for a total of 12 sessions.

The MTUS Chronic pain guidelines indicate that the individuals who continue to experience pain and disability after the usual time of recovery should consult with a psychologist to allow for screening, assessment of goals, and further treatment options, including brief individual or group therapy. According to the medical records reviewed, there has been no initial screening and consultation provided by a psychologist that would render the request for 12 sessions. The request for pain management counseling sessions one (1) time per week for 12 weeks for a total of 12 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

/hs

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.