

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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MAXIMUS  
Federal Services



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**Notice of Independent Medical Review Determination**

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/8/2013

2/4/1994

7/25/2013

CM13-0003483

- 1) MAXIMUS Federal Services, Inc. has determined the request for **biopsychosocial treatment 80 hours (13 sessions) is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 **biopsychosocial treatment 80 hours (13 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 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.

### **Expert Reviewer Case Summary:**

AME report dated 09/19/12 indicates that the claimant was diagnosed with cervical spondylosis with posterior disc osteophyte complex formation, lumbosacral facet joint arthropathy, osteoarthritis of the knees, osteoarthritis of the first metacarpocarpal joints, past display of osteopenia of the skeleton, mild hyperglycemia, right rotator cuff tendinosis, mild subacromial bursitis, and right trochanteric bursitis. Future medical treatment includes behavioral pain management, MRI of the cervical and lumbar spine, lumbosacral spinal nerve root injection or epidural steroid injection, acupuncture, and myofascial release.

### **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 Records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for biopsychosocial treatment 80 hours (13 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, Biofeedback therapy, page 24-25, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Chronic Pain Programs, pages 30-32, which is part of the MTUS

Rationale for the Decision:

The MTUS Chronic Pain Guidelines, page 32 indicate that total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. It is not clear from the available documentation the specific type(s) of treatment(s) that were authorized and administered. The documents suggest that there were nearly 13 sessions of treatment completed yet there is no indication as to the specific type, scope, and intensity of such treatment and treatment session notes were not available for this review. If the 13 sessions of treatment administered were part of some type of functional restoration program, then an additional 13 sessions would exceed the recommended 20 session limits as prescribed by the MTUS guidelines. The request for biopsychosocial treatment 80 hours (13 sessions), are 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.