

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/8/2013 |
| Date of Injury: | 4/16/2001 |
| IMR Application Received: | 7/25/2013 |
| MAXIMUS Case Number: | CM13-0003498 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for 24 weekly sessions of cognitive behavioral therapy and biofeedback **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 24 weekly sessions of cognitive behavioral therapy and biofeedback **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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 8, 2013.

“In regard to the request for 24 weekly sessions of cognitive behavioral therapy and biofeedback, the reviewer determined that additional information was reasonably necessary in order to render a decision. [REDACTED] faxed the provider on 7/3/2013, 7/5/2013 to request the following information: Please indicate how many psychotherapy sessions have been completed over the past 6 months and please include documented evidence of subjective, objective and functional improvement resulting from the completed sessions.

At this time, the requested information has not been received, and the reviewer therefore recommends that the request for 24 weekly sessions of cognitive behavioral therapy and biofeedback be conditionally non-certified. Please note that this outcome represents an administrative action taken to comply with regulatory time frame constraints, and does not represent a denial based on medical necessity. The request will be reconsidered upon receipt of the information requested.”

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 7/25/13)
- Utilization Review Determination from [REDACTED] (dated 7/8/13)
- Employee Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 24 weekly sessions of cognitive behavioral therapy and biofeedback:

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

The Claims Administrator did not cite any evidence based guidelines.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Psychological treatment, pgs. 101-102, Behavioral interventions, pg. 23, Biofeedback, pgs. 24-25, which is a part of the California Medical Treatment Utilization Schedule (MTUS), and the Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain, which are not part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a work-related injury on 4/16/01. The medical records provided for review indicate that treatments have included four (4) surgeries and psychotherapy. The request is for 24 weekly sessions of cognitive behavioral therapy and biofeedback.

Chronic Pain Medical Treatment Guidelines strictly state that an initial trial of 3-4 visits over a two week period is suggested and that with objective functional improvement, a request for an additional 3-6 visits (total of 6-10) over 5-6 weeks may be authorized. The medical records provided for review lack documentation indicating whether this request is for initial or follow-up sessions. **The request for 24 weekly sessions of cognitive behavioral therapy and biofeedback 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

/sce

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.