

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/23/2013
Date of Injury:	10/1/2009
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005602

- 1) MAXIMUS Federal Services, Inc. has determined the request for cognitive behavioral psychotherapy **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 cognitive behavioral psychotherapy **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 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.

Expert Reviewer Case Summary:

The employee is a 58 year old male with a date of injury of 10/1/09. According to all reports, the employee was involved in a motor vehicle accident resulting in both physical and psychological injuries. Since the employee's injury, he has received several diagnoses relevant to the current clinical issues. His most recent diagnoses provided by the employee's psychiatric team are the following: Post-Traumatic Stress Disorder, chronic; Cognitive Disorder not otherwise specified; Pain disorder with both psychological factors and a general medical condition; and Major Depressive Disorder, single episode, moderate. Other diagnoses noted in various reports and provided by other treating providers include: "Post traumatic head syndrome" and "Status post closed head injury with persistent confusion, memory, headaches, vertigo, and speech difficulty" and "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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for cognitive behavioral psychotherapy:

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, which is part of the MTUS, and the Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Psychological treatment, pgs. 101-102, Behavioral interventions, pg. 23, which are part of the MTUS, and the Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Cognitive therapy for PTSD, Cognitive therapy for depression, which are not part of the MTUS.

Rationale for the Decision:

The employee has been receiving psychological services for close to 3 years. Medical records submitted and reviewed indicate cognitive therapy was used in order to address the employee's depression and anxiety, which is the recommended treatment for both Major Depressive Disorder and PTSD. However, the Official Disability Guidelines state, "Extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made." Although the employee has demonstrated some slight progress at times during these years receiving CBT, the employee has not been able to demonstrate any consistent, long-term, objective functional improvements from CBT therapy. In addition, numerous reports discuss the employee's head trauma and cognitive deficits. Although the employee has received neurological exams, it is not evident that any any specific neurological therapy from a neuropsychologist was received. It is possible that the employee's cognitive deficits and limitations are interfering with the ability to actively utilize the skills that learned over the years in cognitive behavioral therapy, thus, rendering the therapy ineffective in the long-term. Given the information outlined above, the request for an additional 24 cognitive behavioral psychotherapy sessions appears unreasonable and excessive and does not meet medical necessity. **The request for cognitive behavioral psychotherapy 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

/cmol

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.