

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:	7/19/2013
Date of Injury:	5/10/2007
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006201

- 1) MAXIMUS Federal Services, Inc. has determined the request for **cognitive behavioral therapy once a week for 12 weeks is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/27/2013. 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 therapy once a week for 12 weeks is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

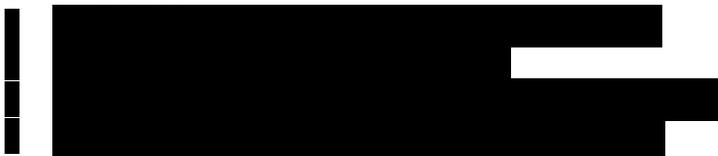
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than 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.

Expert Reviewer Case Summary:

The patient reported an injury on 05/10/2007. The mechanism of injury was stated to be the patient was severely burned with electrocution. The patient developed gangrene and had to have a right below the elbow amputation. The patient was noted to have a psychiatric evaluation on 05/21/2012, which revealed a diagnostic impression of axis I depressive disorder, not otherwise specified, psychological factors affecting medical disorder, and chronic pain disorder. Axis III was noted to include a chronic persistent pain status post amputation of the right arm below the elbow, phantom pain in the right upper extremity, and axis IV was noted to include psychological stressors, moderate to severe; problem with the living situation; primary sources are mixed. The treatment plan was noted to include cognitive behavioral therapy once a week for 12 weeks.

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:



- 1) **Regarding the request for cognitive behavioral therapy once a week for 12 weeks:**

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 MTUS and the Official Disability Guidelines (ODG), which are not part of MTUS.

Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 23, which is part of the MTUS, and the Official Disability Guidelines (ODG), Mental Illness & Stress, Cognitive Therapy for PTSD, which is not part of the MTUS.

Rationale for the Decision:

CA MTUS Guidelines recommend cognitive behavioral therapy for a total of up to 6 visits to 10 visits over 5 weeks to 6 weeks with documented evidence of functional improvement. While it is noted the physician commented on PTSD, CA MTUS Guidelines do not address PTSD. However, Official Disability Guidelines recommend, if the patient has a severe case of combined depression and PTSD, the patient may need more than the recommended sessions if progress is being made and is documented. The clinical documentation submitted for review indicated the patient was not noted to have "full-blown PTSD." The employee was noted to have severe depression and anxiety and was noted to have come close to dying. The employee was noted to have 20 sessions of cognitive behavioral therapy, 10 psychotherapy sessions, and 10 psychiatric medication management visits. The clinical documentation submitted for review failed to provide the employee's progress and failed to provide documented evidence of objective functional improvement. There is a lack of documentation of benefit of the prior therapy. **The request for cognitive behavioral therapy, once a week for 12 weeks, 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

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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.