

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	12/11/2010
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006618

- 1) MAXIMUS Federal Services, Inc. has determined the request for **additional six (6) sessions of psych is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/5/2013. 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 **additional six (6) sessions of psych is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Doctor of Psychology 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 patient is a 36-year-old male with a most recent date of injury of 12/11/10. According to various physician reports, the claimant is struggling with chronic pain issues related to his neck and back. There is mention of "depressed mood" in Dr. [REDACTED] report dated 6/12/13 and in Dr. [REDACTED] report dated 7/2/13, but no concrete diagnostic information is provided. As a result, there is insufficient information to ascertain a relevant diagnosis relevant to the disputed issue.

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 additional six (6) sessions of psych:

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 CA MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 23, 101 - 102, which are part of the MTUS.

Rationale for the Decision:

There is insufficient information in the attached medical records regarding the employee's current psychological issues and functioning. Although there is a progress note dated 2/21/13 indicating 6 of 6 sessions and a request for an additional 12 sessions, there are no follow-up notes. It is unclear whether this is the final session completed for the employee. More recently, there is mention of "depressed mood" in reports dated 6/12/13 and 7/2/13, but no diagnostic information or objective functional improvements are indicated. Per the Chronic Pain MTUS guidelines indicated above, it is suggested that an initial trial of 3-4 psychotherapy visits over 2 weeks be provided initially and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) can be requested. **The request for an additional 6 sessions of psych 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.