
Notice of Independent Medical Review Determination

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/15/2013

3/15/2007

7/25/2013

CM13-0006761

- 1) MAXIMUS Federal Services, Inc. has determined the request for **CBT once per week for 3 weeks is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **psychopharmacology once a month for 3 months is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **stress management once a week for 3 months 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 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/12/2013. 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 **CBT once per week for 3 weeks is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **psychopharmacology once a month for 3 months is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **stress management once a week for 3 months is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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 Psychiatry, 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:

Claimant is a 46 year old female with a date of injury of 3/15/2002 apparently leading to multiple well documented orthopedic problems. In addition she apparently also has several other well documented medical issues, pain related to her injuries, and a history of depression. She has had several injury related orthopedic surgeries and non-injury related urologic surgery. Her mood issues over the years have necessitated pharmacologic and electroconvulsive intervention, several psychiatric hospitalizations and various modalities of psychotherapy including Cognitive Behavioral Therapy (CBT), relaxation techniques, and stress management.

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
- Utilization Review Determination from
- Employee medical records from Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request CBT once per week for 3 weeks:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), page 23.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 15, page 398; and the Official Disability Guidelines (ODG), Cognitive Therapy for Depression, which is not part of the MTUS.

Rationale for the Decision:

The medical records provided for review indicate no current observed, objective clinical findings that would support a severe psychiatric impairment that would require Cognitive Behavioral Therapy (CBT). While the records reviewed mention various diagnoses of "Depression ... Major Depression ... Anxiety," there are no clinical findings to support such diagnoses or treatment. The employee has apparently already received CBT treatments, however there are no physician notes as to the employee's clinical response to CBT or objective evidence to support continued treatment utilizing this modality. **The request for CBT once per week for 3 weeks is not medically necessary and appropriate.**

2) Regarding the request for psychopharmacology once a month for 3 months:

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

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination letter.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 15, page 398, which is part of the MTUS.

Rationale for the Decision:

There is no objective, observed clinical evidence to support the diagnoses given, nor the clinical evidence based need for psychopharmacologic agents noted in the documents available for my review. The documents reviewed reveal no objective findings that would require psychopharmacologic agents ergo no need for monthly specific contacts for this modality of treatment. **The request for psychopharmacology once a month for 3 months is not medically necessary and appropriate.**

3) Regarding the request stress management once a week for 3 months:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2008), pages 1062-1067, which are not part of the MTUS.

The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), which is not part of MTUS: Mental Illness and Stress chapter: Cognitive Therapy for Depression.

Rationale for the Decision:

The medical records provided for review do not indicate any current observed, objective clinical data to support a severe mental impairment, including the diagnoses given of depression and anxiety, nor to support psychological treatment including stress management. A recent complete mental health evaluation is not documented by any of the practitioners noted. There is an absence of a recent thorough and serial mental status evaluation. There are no objective rating scales. **The request for stress management once a week for 3 months 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

/reg

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.