

Notice of Independent Medical Review Determination

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	9/27/2004
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006835

- 1) MAXIMUS Federal Services, Inc. has determined the request for **cognitive behavioral psychotherapy and medication management once weekly and once every 12 weeks next 6 months 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 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/4/2013. 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 and medication management once weekly and once every 12 weeks next 6 months 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 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.

Expert Reviewer Case Summary:

Claimant is a 74-year-old who has problems with chronic pain, chronic depression and anxiety. The patient sustained an industrial accident when he fell from a ladder in 2004 at a men's clothing store which caused back, neck, shoulder and neck injuries. The patient was unable to work for a time, then went on modified duty. The patient sustained another accident when the patient slipped and fell at work, further causing physical injuries. The patient has received several medical surgeries and procedures over time as well as psychotherapy and medication for depression and for pain. A request was made to authorize continued cognitive behavioral psychotherapy and medication management once weekly and once every 12 weeks for the next 6 months and one year of medication 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 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 and medication management once weekly and once every 12 weeks next 6 months:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 23, which is part of the MTUS, as well as the Official Disability Guidelines (ODG) CBT guidelines for chronic pain, page 23, which is not part of the MTUS.

Rationale for the Decision:

The medical records submitted for review regarding this employee do not report objective functional improvement. The employee has many issues unrelated to the industrial accidents. Those problems caused by the accidents persist as chronic and unremitting despite all the therapies. The criteria has not been met for medical necessity to persist in more of the same treatment approaches. The six additional weekly psychotherapy visits that have been approved would need to focus on termination, not more dependency on continued medical treatments. **The request for cognitive behavioral psychotherapy and medication management once weekly and once every 12 weeks next 6 months is not medically necessary or 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

/dat

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.