

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/24/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/15/2013
Date of Injury: 1/19/2011
IMR Application Received: 8/5/2013
MAXIMUS Case Number: CM13-0006881

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

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)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The employee is a 46-year-old male (DOB 10/24/67), with a date of injury of 1/19/11. According to reports, the employee injured his hands, wrists, arms and shoulders while trying to lift a very heavy pot of soup. He has also sustained emotional and mental injuries as well. He has received medical treatments in addition to psychological treatments. Psychological services began in January 2013. The most recent psychological report dated 7/3/13 by Dr. [REDACTED] indicates a diagnosis of Depressive Disorder NOS and Pain Disorder Associated with both Psychological Factors and a General Medical Condition.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Group therapy one (1) time per week for four (4) weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Behavioral interventions, page 23, which is part of the MTUS, and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG).

The Physician Reviewer's decision rationale:

The Official Disability Guidelines indicate that group therapy is recommended as an option for patients with post-traumatic stress disorder (PTSD). According to the medical records provided for review, there is not enough objective evidence within the medical records to support the necessity of group therapy for the employee given his current diagnosis. Additionally, in the secondary psychological report dated 7/3/13, the treating provider indicated that the employee has reached maximum medical improvement on a psychological basis only as of the date of this report. The employee may require emotional support at this time. In consideration of these factors, the employee's psychological condition should be considered as stabilized into maximum level of medical improvement for practical rating purposes. The treating provider also indicated that it is recommended that supportive psychotherapy sessions be set aside for the employee as needed for six-months. **The request for group therapy one (1) time per week for four (4) weeks is not medically necessary and appropriate.**

/mg

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.

[REDACTED]
[REDACTED]
[REDACTED]

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