

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/9/2013 |
| Date of Injury: | 3/14/2001 |
| IMR Application Received: | 8/5/2013 |
| MAXIMUS Case Number: | CM13-0007801 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for individual psychotherapy once a week for twelve weeks with a CD series for home use **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/11/2013. 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 individual psychotherapy once a week for twelve weeks with a CD series for home use **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:

The claimant is a 44 year old man who sustained a work injury when he fell off a truck after a slip and fall in 2001. He injured his knee and then developed a blood clot. He reports much pain and distress. He has been in psychotherapy for at least two years for pain, depression and hopelessness. He is on many pain medications. The request is for 12 sessions once a week with a CD for home use (content or usage not noted). The claimant has not had a psychiatric evaluation; nor he has been on any psychotropic medication. 12 sessions was denied, but revised to six sessions with a condition of a consultation with a psychiatrist.

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** individual psychotherapy once a week for twelve weeks with a CD series for home use:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, and ACOEM-Knee:Table 2, which are a part of the MTUS,

as well as the Official Disability Guidelines, Knee & Leg, Pain, and Stress/Mental, which are not a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 23, which is a part of the MTUS, as well as American Psychiatric Associations Guidelines, which are not a part of the MTUS.

Rationale for the Decision:

The employee has been in therapy and not shown objective functional improvement which is required to meet medical necessity. Medical necessity for more of the same is not deemed effective or reasonable according to guidelines. **The request for 12 weekly sessions of psychotherapy with a CD series for home use.**

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

/dso

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.