
Independent Medical Review Final Determination Letter

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[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/30/2013

IMR Case Number:	CM13-0007919	Date of Injury:	12/13/2005
Claims Number:	[REDACTED]	UR Denial Date:	08/01/2013
Priority:	STANDARD	Application Received:	08/06/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] M.D.		
Treatment(s) in Dispute Listed on IMR Application:			
PSYCHOTHERAPY 2XMO X 6MOS			

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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

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 claimant is a 58 y.o. male (DOB [REDACTED]) with a date of injury of 2/13/05. Based on medical records, the claimant struggles with chronic lung disease and is 100% disabled. According to the most recent PR-2 report from Dr. [REDACTED] dated 7/16/13, the claimant is diagnosed with dysthymic disorder, mood disorder due to medication management for chronic lung disease, and cognitive disorder NOS.

IMR DECISION(S) AND RATIONALE(S)

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

1. Psychotherapy two times a month for six months is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 23, which is part of the MTUS, and the ODG Cognitive Behavioral Therapy guidelines, which are not part of the MTUS.

The Expert 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 Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Cognitive Therapy for Depression.

The Physician Reviewer's decision rationale:

According to the most recent documentation provided by Dr. [REDACTED] dated August 2013, the claimant requires additional therapy in order to "maintain and enhance his

quality of life". Although additional sessions may be necessary according to Dr. [REDACTED] there is no objective evidence provided on any of the submitted PR-2's or medical records indicating that the claimant has improved from the numerous sessions of therapy previously provided. According to the Official Disability Guidelines, "objective functional improvement" needs to be demonstrated in order to possibly authorize additional sessions. As a result, the request for psychotherapy 2x/month for 6 months is not medically necessary. This reviewer suggests that Dr. [REDACTED] utilize an objective measurement tool that would provide enough information to demonstrate the "objective functional improvements" discussed above.

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.

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