

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

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Dated: 11/7/2013

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	7/2/2010
IMR Application Received:	8/7/2013
MAXIMUS Case Number:	CM13-0008148

- 1) MAXIMUS Federal Services, Inc. has determined the request for a psych consult **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/7/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/30/2013. 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 a psych consult **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed 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:**

Per the 6/21/13 report by [REDACTED], MD, the patient is four months status post L4-L5 and L5-S1 spinal fusions surgery. The patient states he has been having mood swings and is quick to become angry and depressed. He states that he gets angry at his family members frequently and he attributes this to his slow progress postoperatively. He states that his leg pain has resolved; however, he still has soreness in his low back.

### **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 Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for psych consult:**

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM Occupational Medicine Practice Guidelines, 2<sup>nd</sup> Edition, Chapter 7, Independent Medical Examinations and Consultations, p. 127, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Acute vs. Chronic Pain Model, pages 3 and 4, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines, page 3 indicate that most acute pain is self-limited and may respond to short term administration of analgesics and conservative therapies. However, continued activation of nociceptors with less than adequate pain control can lead to peripheral and central sensitization, a risk factor for persistent pain with prolonged disability, delayed return to baseline function, and delayed return to work. In the report dated, 6/21/13, the provider indicated that the employee returns four months status post L4-L5 and L5 S1 spinal fusion surgery. The employee has described having mood swings and is quick to become angry and depressed, that there is frequent anger at family members, and the employee attributes this to slow progress postoperatively. The employee indicates that the leg pain has resolved but that there is still soreness in the low back.

There is no evidence or medical opinions from the submitted records indicating that the employee's low back soreness is persisting beyond the anticipated time of healing. Given this, it appears the request for a psych consult is in response to acute pain and related symptoms associated with the recent surgery. Additionally, the provider recommends a course of conservative therapy, physical therapy, twice a week for 6 weeks and there is no evidence that the employee's low back soreness is not improving or failing to improve with treatment. **The request for a psych consult 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.