

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	1/3/2005
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0008507

- 1) MAXIMUS Federal Services, Inc. has determined the request for **13 cognitive behavioral therapy sessions is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **13 cognitive behavioral therapy sessions** 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 Psychiatry 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:

This case involves a patient who sustained right arm, elbow and shoulder injury and pain as a result of repetitive computer work. According to the documentation, the patient had right shoulder surgery, a right carpal tunnel release and ulnar nerve transposition surgery. Reference has been made to treatment with psychiatric medications. The patient has received medical treatments, supports, braces, injections, prescription medications, shock wave therapy as well as diagnostic imaging with MRI. In addition the patient has had EMG and ultrasound. The patient has suffered from depression with anxiety. Dr. [REDACTED] recommended Cognitive behavioral therapy, psychiatric medication management as well as biofeedback in his note of 6-3-2013. Psychological testing results were markedly abnormal.

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 13 cognitive behavioral therapy sessions:

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, page 23, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 23, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain guidelines indicate that an initial trial of 3-4 visits over two weeks and with evidence of functional improvement, a total of up to six to ten visits over 5-6- weeks is recommended. Once an employee fails to respond to Cognitive Behavioral Therapy by the fourth session, it is very unlikely that the employee will make significant progress as a direct result of the Cognitive Behavioral Therapy beyond the fourth session. The request for 13 Cognitive Behavioral Therapy Treatments exceeds MTUS Chronic Pain guidelines. **The request for 13 cognitive behavioral therapy sessions 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, 18th Floor
Oakland, CA 94612

/bh

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.