

## Notice of Independent Medical Review Determination

Dated: 12/4/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/17/2013  
Date of Injury: 5/1/2007  
IMR Application Received: 8/8/2013  
MAXIMUS Case Number: CM13-0008604

- 1) MAXIMUS Federal Services, Inc. has determined the request for **individual psychotherapy 2 x per week is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **weekly pain/stress management group Including hypnotherapy is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **educational means (CD's, etc) is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **biofeedback sessions is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **weight loss / behavioral nutrition group 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 7/17/2013. 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 **individual psychotherapy 2 x per week** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **weekly pain/stress management group Including hypnotherapy** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **educational means (CD's, etc)** is not **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **biofeedback sessions** is not **medically necessary and appropriate**.
- 5) MAXIMUS Federal Services, Inc. has determined the request for **weight loss / behavioral nutrition group** 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 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 58 y.o. female with a date of injury of 5/1/2007. According to various medical reports, the claimant has experienced numerous medical and psychological issues since her work-related injury. According to the claimant's primary psychotherapy treatment provider, [REDACTED], the claimant's diagnoses are Major Depression due to bilateral carpal tunnel syndrome and failed surgeries; Pain Disorder associated with both a general medical condition and psychological factors; and Generalized Anxiety Disorder. This reviewer will defer to [REDACTED] diagnoses for this case.

### **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 2 x per week:**

##### 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 Official Disability Guidelines (ODG), which is not part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 101-102, which is part of the MTUS, and Official Disability Guidelines, Cognitive therapy for depression, which is not part of MTUS.

##### Rationale for the Decision:

According to the records submitted, especially, the various PR-2 reports, the employee has received fairly consistent treatment over the past few years totaling over 136 sessions. Other than subjective information, the provider fails to provide any new information regarding the employee on most of the PR-2 reports. The employee's diagnosis has remained the same over the years as has her treatment plan. Despite the fact that the employee appears to have received an excessive amount of the same services, there is no evidence of objective functional improvement to support continued services. **The request for individual psychotherapy 2 x per week is not medically necessary and appropriate.**

#### **2) Regarding the request for weekly pain/stress management group including hypnotherapy :**

##### 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 Official Disability Guidelines (ODG), which is not part of MTUS.

The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Group Therapy, Stress management, behavioral/cognitive (interventions), Hypnosis which is not part of MTUS.

Rationale for the Decision:

The CAMTUS does not address group therapy or hypnotherapy. The Official Disability Guidelines briefly suggest that group therapy is a recommended option for the treatment of PTSD (see above); however, the employee does not carry a diagnosis of PTSD. The ODG also indicates that cognitive-behavioral interventions in addition to multi-modal interventions may be helpful for stress management; however, the guidelines do not provide any other information and do not specifically discuss pain/stress management groups. Lastly, the ODG has guidelines regarding hypnotherapy (see above), but they are in reference to the diagnosis of PTSD. Although there does not appear to be an exact guideline for this request, this reviewer will very loosely use those outlined above. According to the records submitted, especially the various PR-2 reports from the provider, the employee has received fairly consistent treatment over the past few years, including group therapy. Other than subjective information, the provider fails to provide any new information regarding the employee on most of the PR-2 reports. The employee's diagnosis has remained the same over the years as has her treatment plan. It is also unclear from the reports as to how many of the sessions noted were pain/stress management groups and how often hypnotherapy was being conducted. Despite the fact that the employee appears to have received an excessive amount of the same services, there is no evidence of objective functional improvement to support continued services. **The request for weekly pain/stress management group including hypnotherapy is not medically necessary and appropriate.**

**3) Regarding the request for educational means (CD's, etc):**

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

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Education, which is not part of MTUS.

Rationale for the Decision:

There is a lack of information for this request and therefore, no specific guidelines can be used as reference. This writer will loosely use the ODG for "education" as outlined above. First, the above mentioned guideline relates to a diagnosis of PTSD, which is not a diagnosis given to the employee. Also, it is unclear from the request as to how the "educational means" are to be used. If CDs and other educational resources are being used in treatment, one would assume that they would be a part of individual psychotherapy sessions and not viewed as a separate entity request. **The request for educational means (CD's, etc) is not medically necessary and appropriate.**

#### 4) Regarding the request for biofeedback sessions:

##### 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 Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT), which is not part of MTUS and California Medical Treatment Utilization Schedule, Pain, page 23, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 24-25, which is part of the MTUS, and ODG biofeedback therapy guidelines, which is not part of the MTUS.

##### Rationale for the Decision:

According to the records submitted, especially, the various PR-2 reports from the provider, the employee has received fairly consistent treatment over the past few years. It is unclear from the records as to how many of the completed sessions included biofeedback. Other than subjective information, the provider fails to provide any new information regarding the employee on most of the PR-2 reports. The employee's diagnosis has remained the same over the years as has her treatment plan. Despite the fact that the employee appears to have received an excessive amount of the same services, there is no evidence of objective functional improvement to support continued services. **The request for biofeedback sessions is not medically necessary and appropriate.**

#### 5) Regarding the request for weight loss / behavioral nutrition group:

##### 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 Official Disability Guidelines (ODG), Mental Health & Stress Chapter, Group Therapy, which is not part of MTUS.

The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Group Therapy, which is not part of MTUS.

##### Rationale for the Decision:

There is no specific guideline that relates to a weight loss/behavioral nutrition group. As a result, this reviewer is using the only guideline indicated for group therapy (see above), which focuses on patients with a PTSD diagnosis, which does not apply to this case. Based on the PR-2 reports submitted by the provider, it is unclear as to the need for such requested services and there is no documentation to support such a request. **The request for weight loss / behavioral nutrition group 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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