

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	12/31/2003
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0009612

- 1) MAXIMUS Federal Services, Inc. has determined the request for **six cognitive behavior 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 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. 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 **six cognitive behavior 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 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 patient is a 42 year old female who suffered a twisted lumbar spine back injury while at her job as an event planner, lifting heavy boxes in 2003. She has chronic pain syndrome with depression and anxiety and insomnia due to pain. She has had many surgeries and procedures and now she is considered permanent and stationary regarding her back issues. She cannot work due to pain flare-ups. Historically, she has a previous history of psychotherapy. She does not want to take medications for pain and/or depression, and has been in cognitive behavioral therapy (CBT) therapy at least since 2007. Most currently, she was seen on a series of six 60 minute sessions (crisis level procedure). There were several repeat authorization of six sessions each since at least January 2013. The goals have not changed and the patient does not seem to be benefitting in the sense of improved functioning. Six psychotherapy sessions have been requested and denied as not meeting the criteria for medical necessity.

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 six cognitive behavior therapy sessions:

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 Chronic Pain Medical Treatment Guidelines, page 23, Cognitive Behavioral Therapy, which is a part of MTUS.

Rationale for the Decision:

The employee has exceeded the allowable number of psychotherapy sessions according to the MTUS chronic pain guidelines. The records submitted for review indicate that the employee has many emotional problems in addition to chronic pain, but they do not fit the guidelines for Workers' Compensation benefits. The employee also has been in CBT for years, and often at a higher than expected level of care, and has not shown the required benefit in functional improvement, according to records made available. There is a lack of meaningful objective or subjective improvement within the time frame recommended in the guidelines. This does not mean that the employee does not need psychological help, but more CBT help through this program is not indicated for the employee's chronic pain syndrome and the requirement of the guidelines. **The request for six cognitive behavioral therapy 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

/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.