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## Independent Medical Review Final Determination Letter

2962

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/31/2013

<b>IMR Case Number:</b>	CM13-0023169	<b>Date of Injury:</b>	05/02/2006
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	09/11/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED] M.D.		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
SEE ATTACHED PAGE 2			

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,

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 43 year-old male with a date of injury of 5/2/06. According to reports, while working on the job, the claimant fell from a pole over 35 feet onto the ground, sustaining several physical injuries. Additionally, the claimant has struggled with symptoms of anxiety and depression related to his chronic pain condition.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Counseling for pain management/cognitive behavioral therapy times twelve (12) sessions is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Cognitive behavioral therapy (CBT), which is not part of the MTUS.

The Physician Reviewer's decision rationale:

There are no current psychological records provided for review. According to the supplied medical records, the claimant had been receiving psychological services by a psychologist; however, the psychologist unexpectedly passed away, leaving the claimant without services. It is unknown at this time how many sessions have been completed by the claimant and whether he has obtained any objective functional improvement from those sessions. According to the Official Disability Guidelines

regarding the use of CBT, it is recommended that "an initial trial of 6 visits over 6 weeks "be provided and "with evidence of objective functional improvement, a total of 13-20 visits over 13-20 weeks" may be offered. Given the unavailability of the psychiatric medical records to verify completed services to date, the request for 12 pain management/cognitive behavioral sessions is not medically necessary. It is suggested however, that the claimant begin initial services with another therapist, who can document the claimant's progress and submit reports for further treatment.

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.

[REDACTED]

CM13-0023169