MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

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[redacted]

Dated: 12/30/2013

IMR Case Number:	CM13-0024237	**Date of Injury:**	07/12/2004
Claims Number:	[redacted]	**UR Denial Date:**	09/06/2013
Priority:	STANDARD	**Application Received:**	09/13/2013
Employee Name:	[redacted]		
Provider Name:	[redacted]		
Treatment(s) in Dispute Listed on IMR Application:			
SEE ATTACHED			

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, [redacted]

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 Psychiatry, has a subspecialty in Addiction Medicine, 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:

Claimant is a 45 year old female, with a date of injury on 7/12/04, who has a history of multiple illnesses and bodily injuries. She has received over 30 Cognitive Behavioral Therapy treatments related to pain since May 2012. A request for 12 additional psychotherapy and monthly medication management visits dated 8/15/13 was denied after a case review on 9/6/13 by Dr.[redacted] The claimant filed an appeal of the denial on 9/11/12, which is the purpose of this review. Ms. [redacted] has a history of depression, sleep problems, anxiety, panic attacks and pain due to back issues. She is reluctant to proceed with recommended surgery apparently due to fear of a bad outcome and lack of a post-op caregiver. The most recent clinical data available for my psychiatric review is a Primary Treating Physician's Progress Report dated August 23, 2013 signed by [redacted] M.D., psychiatrist. At that time she was diagnosed as Major Depressive disorder, single episode, anxiety disorder and pain disorder. She was being treated with Buspar, Prozac and Abilify. It is noted she is not suicidal or homicidal and had no side-effects to the medications at that time. It notes she "hears the voices of her co-workers laughing at her." An orthopedic note dated 6/24/13 has no psychiatric findings. Since 8/23/13, there is no current clinical objective clinical data or functional status noted in documents available for review.

IMR DECISION(S) AND RATIONALE(S)

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

1. Psycotherapy is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 23, Cognitive Behavioral Therapy, which is part of the MTUS, and the Official Disability Guidelines (ODG), Mental Health & Stress, Office Visits, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Behavioral Interventions, pages 23 & 101 (Cognitive Behavioral Therapy), which is part of the MTUS, CA MTUS 9792.20, Functional Improvement, page 1, which is part of the MTUS, and the Official Disability Guidelines (ODG), Pain Chapter, Guidelines for Chronic pain, which is not part of the MTUS.

The Physician Reviewer's decision rationale:
The records indicate that the claimant has a psychiatric history with diagnoses of major depression, anxiety and pain disorder. Cognitive Behavioral Therapy is a modality of treatment for these disorders. However, the ODG psychotherapy guidelines and the California MTUS guidelines indicate an initial trial of six visits over a six week period of time with evidence of objective functional improvement, with a total of 13-20 visits over 13-20 weeks. Dr. [redacted] notes in his review dated 9/6/13 that in a discussion with provider Dr. [redacted] she stated Ms. [redacted] had received a total of 31 visits since May 2012. The records reviewed also do not indicate observed, objective evidence of a functional improvement even though Ms. [redacted] has already received many CBT treatments. Therefore the request for additional psychotherapy sessions is not clinically necessary, nor consistent with treatment guidelines, and is not certified.
As per CA MTUS 9792.20, Medical Treatment Utilization Schedule-Definitions, Page 1 "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment."
The request for Psycotherapy is not medically necessary and appropriate.

2. Psychiatric medication management; twelve (12) sessions (one a month) is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Mental Illness and Stress, Office Visits, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Official Disability Guidelines (ODG), Mental Illness and Stress, Office Visits, which is not part of the MTUS.

The Physician Reviewer's decision rationale:
Based on the records available for my review there is no current objective clinical findings to support the requested need for monthly psychiatric medical management visits. There is no evidence of current documentation of the claimant's response to medications and the medications clinical effect(s). The guidelines do not support the requested number of sessions without documented functional improvement. **The request for Psychiatric medication management; twelve (12) sessions (one a month) is not medically necessary and appropriate.**

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.

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