
Notice of Independent Medical Review Determination

Dated: 9/12/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 5/7/2013
Date of Injury: 4/26/2013
IMR Application Received: 5/17/2013
MAXIMUS Case Number: CM13-0000407

- 1) MAXIMUS Federal Services, Inc. has determined the request for 8 sessions of outpatient psychotherapy for anxiety and depression **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/17/2013 disputing the Utilization Review Denial dated 5/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/5/2013. 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 8 sessions of outpatient psychotherapy for anxiety and depression **is 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 7, 2013.

Summary of Findings:

Diagnosis: 300.0, ANXIETY STATES
311.0, depression

Description of Alleged Injury: Alleging stress as a result of a comment made to her by the AM.

Forté Recommendation: **NON-CERTIFICATION** of outpatient individual psychotherapy (IPT) times eight sessions for anxiety and depression.

Reason for Difference: It is the opinion of the reviewing physician that, "The claimant was injured approximately one week ago and has been treated with medications. She reports feeling worthless and anxious after a discussion with her supervisor. She also reports depression, sleep difficulties, heart palpitations and irritability.

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 for Independent Medical Review
- Utilization Review from [REDACTED] (dated 5/7/13)
- Medical records from the Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 8 sessions of outpatient psychotherapy for anxiety and depression:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not appropriately address the requested treatment. The Expert Reviewer was unable to find a medical treatment guideline that addresses the requested treatment. The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004) – Chapter 15, pages 398-401 and 405, which is part of the MTUS.

Rationale for the Decision:

The employee was involved in an altercation with a supervisor on 4/26/2013, after which the employee became acutely anxious and required an emergency room visit. The employee has experienced anxiety, sadness, feelings of worthlessness and sleep problems. Treatment has included Celexa, Ativan, Melatonin, and prior psychotherapy. The utilization review determination letter indicates diagnoses of anxiety and depression; however, there was no psychiatric/psychological evaluation submitted to support those diagnoses. Instead, the medical records submitted and reviewed indicate a more appropriate diagnosis is adjustment disorder. A request was submitted for 8 sessions of outpatient psychotherapy for anxiety and depression.

A primary feature of adjustment disorders is the development of clinically significant emotional or behavioral symptoms in response to an identifiable psychosocial stressor or stressors occurring within 3 months of the onset of the stressor. These symptoms may include marked distress in excess of what would be expected from exposure to the stressor, and significant impairment in social or occupational functioning. The medical records submitted and reviewed indicate the employee experienced a sudden onset of symptoms after a workplace incident. The records indicate the employee has responded favorably to a series of brief psychotherapy treatments and support from family and friends. The ACOEM guideline recommends therapy to treat psychiatric conditions and indicates follow-up psychotherapy visits may be appropriate to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce supports and coping mechanisms. The request for 8 sessions of outpatient psychotherapy for anxiety and depression is 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dj

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.