
Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/21/2013
Date of Injury:	3/1/2013
IMR Application Received:	5/31/2013
MAXIMUS Case Number:	CM13-0000529

- 1) MAXIMUS Federal Services, Inc. has determined the request for a psychology consultation **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/31/2013 disputing the Utilization Review Denial dated 5/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. 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 a psychology consultation **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 a Licensed Psychologist, 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 21, 2013:

conditions; p. 398]. Summary of Pertinent Medical Records: Medical records reviewed: OV H&P 4/10/13 Dr. [REDACTED] PA. The patient is a 41 year old female with a date of injury of 3/1/2013. There is a history of reported work related events as follows: The claimant apparently received an email from her supervisor 3/1/13 with a profanity, then another email a few minutes later with the reported phrase "Just kidding. LOL." The events were apparently reported to HR. The claimant did not accept the interpretation that it was a joke and subsequently reported the events to "corporate," which suggested that the supervisor's iPad had been stolen and email hacked into. She met with an attorney on 3/16/13 and filed a "legal claim"; no further information is available. She also asked for a transfer to a different

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 (received 5/31/2013)
- Utilization Review Determination from [REDACTED] (dated 5/21/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

1) Regarding the request a psychology consultation:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine Guidelines (ACOEM), 2nd Edition, (2004), Chapter 15, Stress Related Conditions, pg. 398, 401, which is part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine Guidelines (ACOEM), 2nd Edition, (2004), Chapter 15, Stress Related Conditions, pg. 1055, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 3/1/2013. The request is for a psychology consult.

The MTUS ACOEM guidelines state that a “referral for mental health professional assessment may be considered for patients whose anticipated absence from work will exceed one week and if symptoms become disabling despite primary care interventions or persist beyond three months, a referral to a mental health professional is indicated.” A medical report dated 5/13/13 indicates that the employee is feeling much, much better, is sleeping well, is no longer tearful, is leading a normal life, enjoying music, friends, movies, reading, and eating dinner out. The records indicate the employee is working and able to perform the same job duties as when the injury occurred and is not disabled. **The request for a psychology consultation 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

/pas

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.