
Notice of Independent Medical Review Determination

Dated: 8/16/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/3/2013
Date of Injury: 9/7/2010
IMR Application Received: 7/8/2013
MAXIMUS Case Number: CM13-0000988

- 1) MAXIMUS Federal Services, Inc. has determined the request for speech therapy re-evaluation **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Deplin 15mg **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/8/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/8/2013. 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 speech therapy re-evaluation **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Deplin 15mg **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 Occupational 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 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 July 3, 2013.

"The claimant is a 48-year-old female who sustained a work-related injury on 09/07/10. The mechanism of injury is not provided. She has received approximately 10 psychotherapy sessions and is receiving psychotropic medications. As of 6/17/13, the claimant continued feeling overwhelmed. She reported getting 6 to 7 hours of sleep with Lunesta. Her Cymbalta dose was increased to 120 mg and augmented with Deplin. She reported benefiting from speech therapy. She is diagnosed with Major Depression, single episode, moderate; Generalized Anxiety Disorder; and Dementia due to a general medical condition, ie. carbon monoxide exposure, chronic."

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 by [REDACTED] (dated 7/3/2013)
- Primary Treating Physician's Progress Report (dated 7/10/12 thru 6/6/13)
- Employee's Medical Records by [REDACTED], MD (dated 3/11/13 & 6/27/13)
- Speech/Language Therapy Evaluation & Treatment Plan by [REDACTED] (dated 4/10/13)

- Employee's Medical Records by [REDACTED], MD (dated 5/15/12 & 10/10/12)
- Employee's Medical Records by [REDACTED], MD (dated 8/21/12 thru 5/1/13)
- Employee's Medical Records by [REDACTED] Ph.D. (dated 1/13/13 & 3/25/13)
- Official Disability Guidelines, Pain Chapter, Medical Food
- Official Disability Guidelines, Head Chapter, Speech Therapy (ST)

1) Regarding the request for speech therapy re-evaluation:

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

The Claims Administrator based its decision on the Official Disability Guidelines, (ODG), Head Chapter, Speech Therapy (ST), which are not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance as the MTUS does not address the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 9/7/10. Per medical records submitted and reviewed, the employee is experiencing dizziness, forgetfulness, confusion, headaches and memory loss. Treatment to date has included psychotherapy sessions and psychotropic medications. The request is for speech therapy re-evaluation.

Per ODG guidelines, the criteria for speech therapy includes a diagnosis of speech or language disorder resulting from trauma and/or a medically-based illness or disease with evidence of a clinically documented functional speech disorder resulting in inability to perform at the prior functional level. Per medical records reviewed there is no evidence of a speech, hearing, and/or language disorder present. The symptoms the employee is experiencing appear from the medical records reviewed to be a function of her psychopathology. The request for speech therapy re-evaluation is not medically necessary and appropriate.

2) Regarding the request for Deplin 15mg:

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

The Claims Administrator based its decision on the Official Disability Guidelines, (ODG), Pain Chapter, Medical Food, which is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator not relevant and appropriate for the employee's clinical circumstance. The Expert Reviewer found the Official Disability Guidelines, Mental Illness & Stress Chapter, Folate, which is not part of the California Medical Treatment Utilization Schedule (MTUS) more relevant and

appropriate for the employee's clinical circumstance as the MTUS does not address the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 9/7/10. Per medical records submitted and reviewed, the employee is experiencing the inability to multitask, the inability to divide attention, panic attacks, and depression. She has had psychotherapy sessions and is taking psychotropic medications. The request is for Deplin 15mg.

Per ODG guidelines, the limited available evidence suggests folate may have a potential role as a supplement to other treatment for depression. Deplin is a prescription medical food for the dietary management of suboptimal folate (a naturally occurring B vitamin) in depressed patients. L-methylfolate is not an antidepressant, but may make antidepressants work better by correcting folate levels in the brain. The ODG Mental Health topic on Deplin (folate) suggests that a trial of oral folate (Deplin) may be employed in an attempt to ameliorate symptoms of depression. The employee has tried and failed multiple first-line antidepressant medications without seeing resolution of her depressive symptoms. The request for Deplin 15mg 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

/ldh

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.