

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Notice of Independent Medical Review Determination.  
Case Number CM13-000090**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on March 25, 2013 disputing the Utilization Review Denial dated February 21, 2013. A Notice of Assignment and Request for Information was provided to the above parties on March 26, 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 individual cognitive-behavioral therapy, 2x/month for 4 months (anxiety, depression) (1x8) requested is not medically necessary.

### **Medical Qualifications of the Professional 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, certified by the American Society of 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 professional 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 February 21, 2013.

"[Doctor's] first report of occupational injury or illness dated 01/30/13 states that the claimant developed neck, left shoulder, left elbow, and upper back pain between 09/01/11 and 01/11/13. Currently the claimant reports of neck pain that radiates to the left side of the head. The claimant reports left shoulder pain with radiation to the neck and left arm. The claimant also reports left elbow pain and upper back pain. Examination reveals tenderness at the left upper trapezius muscle, acromioclavicular joint, and left olecranon bursa. Impingement sign and drop arm test are positive. Diagnoses are left cubital tunnel syndrome, left shoulder sprain/strain, left neck spasms, and thoracic sprain/strain. Provider recommends physical therapy and modified work.

Case status report dated 02/04/13 states that the claimant is diagnosed with adjustment disorder with mixed anxiety and depression. Claimant is to continue full duty work. Provider recommends individual cognitive behavioral therapy two times per month for four months."

**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 IMR
- Explanation of Utilization Review by [REDACTED] (dated 2/22/13)
- Utilization Review by [REDACTED] (dated 2/21/13)
- Employee's Initial Psychological Evaluation by [REDACTED] (dated 2/4/13)
- Employee's Medical Records From [REDACTED] (1/29/13 through 3/21/13)
- Official Disability Guidelines – Mental Illness & Stress Procedure Section
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, 2004 – Chapter 15 (page 391); Chapter 5 (“Clinician’s Role”)

**Regarding the request for individual cognitive-behavioral therapy, 2x/month for 4 months (anxiety, depression) (1x8):****Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009) and Chronic Pain Medical Treatment Guidelines (2009). The provider based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition, 2004. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

**Rationale for the Decision:**

The Professional Reviewer found no objective clinical data supporting the diagnosis of adjustment disorder with depression and anxiety. The Professional Reviewer based his/her disagreement on the description of adjustment disorders in the Diagnostic and Statistical Manual of Mental Disorder – IV (DSM).

An extensive psychological examination was performed on the employee on 2/4/2013. The testing revealed no significant psychological problems, cognitive issues, or impairments. The employee had an apparent work-related injury causing neck pain and left upper extremity pain. Due to the employee's limitations, workplace interactions with superiors have caused trouble and are the basis of some unhappiness at work. The employee considers the workplace to be “hostile” and claims to feel much better when not there. Other than the employee's subjective comments about discomfort at work, there is no objective data to support diagnosis of any serious mental disorder, including cognitive impairment. The requested treatment is not medically necessary.

**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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.