
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/29/2013
Date of Injury: 2/25/2010
IMR Application Received: 8/16/2013
MAXIMUS Case Number: CM13-0010115

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 Child & Adolescent 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 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:

The patient is a female in her mid-thirties who reported an injury on 02/25/2010 after a fall. She experienced pain in her right lower back, her right leg, and right groin region. After completing an unknown number of physical therapy sessions, an MRI was taken, but showed no abnormalities. Over a period of several months, the patient was prescribed several oral medications, participated in aquatherapy, and was diagnosed with fibromyalgia. The patient stated that the Prozac she was prescribed made her feel less irritable; though it did not get rid of her pain. She also began having sleep disorders, to include nightmares, which in turn has made her feel fatigued and added to her depression. She continues to have pain in a large portion of her body and was diagnosed as having chronic pain syndrome.

IMR DECISION(S) AND RATIONALE(S)

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

1. Cognitive behavioral therapy (CBT) twice per month is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM/MTUS Guidelines and on the Official Disability Guidelines, which are not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 101-102, which are a part of the MTUS.

The Physician Reviewer's decision rationale: According to CA MTUS, psychological intervention for patients with chronic pain has found to have a positive short-term effect on pain interference and long-term effect on return to work. CA MTUS/ACOEM also recommends CBT for Tender Points/Fibromyalgia. However, it is unclear why the cognitive behavioral therapy is

being requested nor what the employee's expected functional goals should be. The medical records submitted for review are also unclear regarding the number of previous psychotherapy sessions the employee has undergone. Per guidelines, therapy should be an initial trial of 3-4 visits, with evidence of objective functional improvement, and a total of up to 10 visits. When therapy is provided as a component of an interdisciplinary or functional restoration program, the number of sessions is based on the needs of the program to provide relevant treatment objectives. Because there is no documentation that provides an accurate account of the number of previous behavioral sessions the patient has completed, it is unclear if she has already exceeded the maximum allowance for sessions prior to proceeding with this new request. Furthermore, the request is not specific regarding the reason behind the patient's current need for cognitive behavioral therapy. **The request for CBT is not medically necessary and appropriate.**

2. Medical management once weekly for 24 weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM/MTUS Guidelines and on the Official Disability Guidelines, which are not part of the MTUS. .

The Physician 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 Physician Reviewer based his/her decision on the Official Disability Guidelines, Pain Chapter, Office Visits.

The Physician Reviewer's decision rationale: Although CA MTUS/ACOEM discusses cognitive behavioral therapy, it does not go into detail regarding medication management. Therefore, Official Disability Guidelines are being referred to. They state that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. However, the documentation provided for review lacks the employee's current medication list which would clarify why the request for medication management is being made. Otherwise, there is no basis with which to certify the request. **The request for medication management services is not medically necessary and appropriate.**

/dso

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.

[REDACTED]

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