

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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MAXIMUS
Federal Services



Notice of Independent Medical Review Determination

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	5/23/2011
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0010211

- 1) MAXIMUS Federal Services, Inc. has determined the request for **additional psych therapy x 10 visits is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. 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 **additional psych therapy x 10 visits** is not **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 Psychology, 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.

Expert Reviewer Case Summary:

The patient is a 54 year old woman who injured her lower back on May 23, 2011 while at her job as a pharmacy technician. She was taking out the trash when she sustained the injury. She has been in severe pain and has developed symptoms of depression and anxiety associated with her chronic pain. She also has a history of depression and psychiatric treatment after the murder of her son in 1997. There were 15 psychotherapy sessions at that time. Her diagnoses are Major Depressive Disorder, Recurrent, Moderate; Pain disorder due to physical trauma to her back, chronic; and insomnia. She has received four psychotherapy sessions which she reports as helpful, but she continues to have symptoms of depression, anxiety and pain. A request was made for 10 additional psychotherapy sessions. According to the MTUS, only six sessions should be authorized. Reference is CA MTUS Pain-Procedure, page 23 and ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain. Six more visits are deemed medically necessity but not 10 more sessions.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for additional psych therapy x 10 visits:**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the CA MTUS Pain – Procedure, page 23, which is part of the MTUS, and the Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain, which is not part of the MTUS

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 1,8, & 23 which is part of the MTUS, and the Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain, which is not part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines indicate that functional improvement must be demonstrated after the initial 3-4 visits for Cognitive Behavioral Therapy. The employee indicated feeling somewhat better but still experienced depression, anxiety and pain. With some level of improvement, subjectively stated by the employee, another 6 sessions would be medically necessary and would meet the guidelines. An additional 10 visits exceeds the guidelines. In addition, the employee had a serious episode of depression in 1997 which predates the industrial accident, and may be a sign of underlying emotional issues not related to the employee's current injury. **The request for additional psych therapy x 10 visits 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

/bh

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.