

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/10/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/22/2013
Date of Injury: 1/11/2008
IMR Application Received: 8/13/2013
MAXIMUS Case Number: CM13-0010730

- 1) MAXIMUS Federal Services, Inc. has determined the request for **counseling sessions quantity 6 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/26/2013. 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 request for **counseling sessions quantity 6 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 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 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 51-year-old female who reportedly experienced significant psychological stress on the job which culminated on 1/11/08, when she experienced severe chest pains, blurred vision, hypertension, and gastrointestinal distress. The stress was reportedly due to a hostile work environment. She has been diagnosed with adjustment disorder with mixed anxiety and depressed mood, chronic and stress-related physiologic response affecting a general medical condition, and more recently, Post-Traumatic Stress Disorder (PTSD), generalized anxiety disorder, and major depressive disorder, single episode.

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for counseling sessions quantity 6 :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the CA MTUS 2009, which is part of the MTUS .

The Expert 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 Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) section on Cognitive therapy for depression and Cognitive therapy for PTSD.

Rationale for the Decision:

The Official Disability Guidelines (ODG) section on Psychotherapy for combined depression and post-traumatic stress disorder (PTSD) recommend an initial trial of 6 visits over 6 weeks, or a total of up to 13-20 visits over 13-20 weeks, provided that there is evidence of an objective functional improvement. The ODG continues, "Extremely severe cases of combined depression and PTSD may require more sessions if documented that Cognitive Behavioral Therapy is being done and progress is being made." Medical records provided for review indicate that the employee attended psychological counseling from 11/9/2012 through 4/23/2013, for a total of 21 sessions. It appears the employee was being treated for depression and anxiety during these sessions. The session notes are essentially category check marks and there is no clear and specific medical evidence that the employee experienced functional improvement as a result of these sessions. There is also indication from one counseling session record, dated 8/27/13, that the employee had 38 psychotherapy sessions with a different counselor. It appears that during these sessions the employee was being treated for depression, anxiety, and PTSD. It is not clear from the records the modality of treatment utilized. The medical records provided for review do not include specific documentation that cognitive behavioral therapy was utilized as a treatment. In absence of this documentation, the employee has exhausted the recommended number of treatment sessions, per the ODG. **The request for counseling sessions quantity 6 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

/MCC

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.