MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/26/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/9/2013
Date of Injury:	3/23/2011
IMR Application Received:	7/24/2013
MAXIMUS Case Number:	CM13-0012652

1) MAXIMUS Federal Services, Inc. has determined the request for **psychological therapy is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **psychopharmacological therapy is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 **psychological therapy is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **psychopharmacological therapy 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 Psychiatrist , has a subspecialty in 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 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 9, 2013

”It is the opinion of the reviewing physician that, “The claimant is a 41-year-old employee who was struck by a falling box which hit her on the head and strained her neck in 2011. EMG/NCS of the left upper extremity (LUE) was normal on 8/24/203. The claimant was last seen by Dr. [redacted] on 6/21/2013 noting that the pain medications have not effect; current medications are: Colace, Ultram, Ben-gay cream, Atenolol, mirtazapine, omperazole and clonazepam. Oswestry score indicate a 56% disability (raw score not provided). Claimant was not provided with a headset by the company so did not return to work. The claimant has ongoing problems with pain and depression symptoms. The request for a psycho pharmacological and psychological office visits of unstated frequency or duration for the head and cervical spine chronic pain.”

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 (received 7/24/13)
- Utilization Review Determination (dated 7/9/13)
- PR-2 Reports and Medical Records from [redacted] (dated 8/7/12-5/21/13)
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for psychological therapy :**

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

The Claims Administrator based its decision on the CA MTUS, Revision, Web Edition (unable to verify chapter and page), which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment, Chronic Pain Programs, page 30-31, which is part of the MTUS and the Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Cognitive Behavioral Therapy (CBT) for chronic pain, which is not part of the MTUS.

Rationale for the Decision:
The MTUS Chronic Pain Guidelines recommend CBT after 4 weeks of initial therapy if there is a lack of progress from physical medicine alone. Additional sessions may be considered with evidence of functional improvement. The medical records reviewed indicate that the employee has already had a trail of CBT, which was proven to be unsuccessful. In reviewing the documentation using CA MTUS criteria, the employee's symptoms do not appear to have improved via the use of current pain management/psychological interventions. The records reviewed docyument complaints of pain severity and psychological distress (chronic headaches, neck strain, back strain, rating scales on the Beck Depression Inventory) appear far amplified considering the original injury and the treatment rendered to date. For example, status post the original injury the employee had a normal EMG/NCS. Despite psychological interventions, pain management, and reasonably aggressive pharmacological interventions (first mirtazapine and clonazepam, then significant doses of Paxil and clonazepam), the employee shows a waxing and waning pattern of symptoms that does not appear to be consistent with both the original injury and the recovery course to be expected. The medical records do not provide any evidence to support the fact that future psychological intervention will yield significant gains. **The request for psychological therapy is not medically necessary and appropriate.**

2) **Regarding the request for psychopharmacological therapy:**

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

The Claims Administrator based its decision on the CA MTUS, Revision, Web Edition (unable to verify chapter and page), which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment, Antidepressants for Chronic Pain, page 13, which is part of the MTUS.

Rationale for the Decision:
The medical records reviewed indicate the employee has been treated with 2 antidepressants in significant doses with no apparent effect. The response to the same varies from visit to visit in terms of subjective complaints of depression and pain. This is more typical of a somatoform disorder than a true major depressive episode and raises the question of secondary gain in a case such as this. **The request for psychopharmacological therapy 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

/db

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.