

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/7/2013
Date of Injury: 4/11/2013
IMR Application Received: 8/16/2013
MAXIMUS Case Number: CM13-0013306

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 38-year-old male who reported injury on 04/11/2013 with a mechanism of injury stated to be the patient experienced significant stress and harassment by the supervisor. The patient was given a Beck Anxiety Inventory, which the patient scored an 11, which was noted to be indicative of mild symptoms of the anxiety and the patient was noted to have scored a 15 on the Beck Depression Inventory-II, which suggested mild symptoms associated with depression. The diagnoses were noted to include, on Axis I, major depressive disorder, single episode mild, anxiety disorder not otherwise specified, and insomnia related to anxiety disorder not otherwise specified in full remission, and stress-related psychological response affecting general medical condition, and dermatological problems, as the patient was noted to break out in hives as the stress level increased. The patient's GAF score on Axis V was noted to be 52. The recommendation was made for group medical psychotherapy times weeks quantity 24 and biofeedback training times weeks quantity 24.

IMR DECISION(S) AND RATIONALE(S)

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

1. Group medical psychotherapy times 24 weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Biofeedback and cognitive behavioral therapy (CBT), which is a part of the MTUS and the Official Disability Guidelines, which is not a part of the MTUS..

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cognitive Behavioral Therapy (CBT), pg. 23, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

California MTUS Guidelines recommends behavioral interventions, including cognitive behavioral therapy after 4 weeks if a lack of progress from physical medicine alone and an initial trial of 3 to 4 psychotherapy individually for visits over 2 weeks with evidence of objective functional improvement for a total of up to 6 to 10 visits over 5 to 6 weeks. A review of the clinical documentation submitted indicated that the employee's Beck Depression Inventory-II score was 15, which was suggestive of mild symptoms associated with depression and the patient's BAI is noted to be an 11, which was indicative of mild symptoms of anxiety. The clinical documentation submitted for review indicated that the employee had mild anxiety and mild depression and failed to provide the necessity for the requested 24 sessions. The request for 24 sessions would be excessive. Additionally, it failed to provide the necessity for group therapy. **The request for group medical psychotherapy times 24 weeks is not medically necessary and appropriate.**

2. Biofeedback training times 24 weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Biofeedback and cognitive behavioral therapy (CBT), which is a part of the MTUS and the Official Disability Guidelines, which is not a part of the MTUS..

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Biofeedback, pg. 24, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

California MTUS Guidelines do not recommend biofeedback as a stand-alone treatment, but recommend it as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. A review of the clinical documentation submitted indicated that the employee's Beck Depression Inventory-II score was 15, which was suggestive of mild symptoms associated with depression and the patient's BAI is noted to be an 11, which was indicative of mild symptoms of anxiety. The clinical documentation submitted for review indicated that the patient had mild anxiety and mild depression and failed to provide the necessity for the requested 24 sessions of Biofeedback. **The request for biofeedback training times 24 weeks is not medically necessary and appropriate.**

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.

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[REDACTED]
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