

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/13/2013
Date of Injury:	7/19/1999
IMR Application Received:	8/26/2013
MAXIMUS Case Number:	CM13-0016137

- 1) MAXIMUS Federal Services, Inc. has determined the request for **12 psychological follow-up appointments is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/26/2013 disputing the Utilization Review Denial dated 8/13/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **12 psychological follow-up appointments is 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 suffered an injury in 1999 during the course of his usual and customary work as a cable worker. He twisted his back while walking with an extension ladder and immediately was unable to bend. He reportedly continues to experience chronic low back pain and lower extremity pain, left greater than the right. The patient has a history of a 14-day psychiatric hospitalization due to psychotic symptoms. He has been diagnosed with Lumbar Stenosis Spinal, Psychosis Disorder NOS, Depression with Anxiety, Psychogenic Pain, and Lumbar Disc Displacement Without Myelopathy.

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

1) Regarding the request for 12 psychological follow-up appointments:

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

The Claims Administrator based did not cite any evidence-based criteria in its utilization review determination.

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) MDD treatment, Psychotic Presentations and Cognitive Behavioral Therapy (CBT), which are not part of MTUS.

Rationale for the Decision:

On 11/12/2012, the employee was reported to have been hospitalized for 14-day days due to psychotic symptoms and that Risperdal had helped with mood and depression had improved. On 5/10/2013 the employee's spouse stated that the employee is very depressed, is not communicating, and is not taking interest in their children. On 6/14/2013, the employee complained of anxiety and being depressed. On 7/2/2013, the employee was noted to be catatonic with a blank stare and flat affect, and rarely repeating one syllable words. The employee appears to be decompensating and is in need of psychiatric and psychological care. The employee has a history of significant stressors including chronic pain which suggests he may be a good candidate for psychotherapy once the employee is stabilized on psychiatric medication. **The request for 12 pshychological follow-up visits is 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

/sm

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.