

Independent Medical Review Final Determination Letter

832
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/27/2013

IMR Case Number:	CM13-0017834	Date of Injury:	01/19/2010
Claims Number:	[REDACTED]	UR Denial Date:	08/02/2013
Priority:	STANDARD	Application Received:	08/28/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
90806			

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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed 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 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]
- [REDACTED]

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 52 y.o. female (DOB: 6/7/61) with a date of injury of 1/19/10. According to reports, the claimant sustained both medical and psychological injuries when she slipped on wet concrete while performing her customary work duties as a correctional officer. According to a "request for authorization" completed by Dr. [REDACTED] on 7/26/13, the claimant is diagnosed with the following psychiatric disorders: "Unspecified Major Depression, recurrent episode; Generalized Anxiety Disorder; Panic Attack; Insomnia Due To A Mental Disorder; Social Phobia; Agoraphobia without Panic Attack; and Depression with Anxiety".

IMR DECISION(S) AND RATIONALE(S)

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

1. 12 additional sessions of cognitive behavioral therapy is not medically necessary and appropriate.

The Claims Administrator based its decision on the [[Insert Guidelines used]].

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), Cognitive Therapy for Depression.

The Physician Reviewer's decision rationale:

The claimant has received several sessions of CBT, beyond what is typically authorized according to the Official Disability Guidelines. Based on the claimant's last CBT treatment note dated 7/15/13, there was no objective functional improvement noted that would warrant any additional sessions. Official Disability Guidelines indicate that for possible further sessions, there must be evidence of "objective functional improvement". As a result of the lack of information regarding objective functional improvement, the request for an additional 12 sessions of cognitive behavioral therapy is not medically necessary.

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.

[REDACTED]

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