

**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: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/13/2013
Date of Injury:	1/14/2013
IMR Application Received:	8/29/2013
MAXIMUS Case Number:	CM13-0018268

- 1) MAXIMUS Federal Services, Inc. has determined the request for **cognitive behavioral therapy for five sessions is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/29/2013 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 **cognitive behavioral therapy for five sessions is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Expert Reviewer 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 is a 27-year-old female who reportedly sustained an injury to her left wrist, low back, and neck on January 14, 2013 while performing her usual and customary job duties as a [REDACTED]. She suffers from ongoing left wrist pain and hand numbness. She has been diagnosed with left wrist sprain/strain, left wrist mild tendonitis of the extensor carpi ulnaris; 8 mm ganglion along the volar aspect of the distal radius, per MRI of January 31, 2013, left wrist and hand numbness, rule out peripheral neuropathy (separate claim involving needle stick left finger with residual numbness), and chronic pain syndrome.

### **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:

- [REDACTED]

## 1) Regarding the request for cognitive behavioral therapy for five sessions:

### 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 American College of Occupational and Environmental Medicine (ACOEM), second edition Occupational Medicine Practice Guidelines, which is part of the MTUS; Reed Group/ The Medical Disability Advisor; and Official Disability Guidelines/Integrated Treatment Guidelines (ODG treatment in Workers Comp 2<sup>nd</sup> Edition), Disability Duration Guidelines (Official Disability Guidelines 9<sup>th</sup> Edition) Work Loss Data Institute, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Pain Interventions and Treatments, pg. 23, which is part of the MTUS.

### Rationale for the Decision:

According to the MTUS Chronic Pain Medical Treatment Guidelines, behavioral interventions are recommended for the identification and reinforcement of coping skills in the treatment of pain rather than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain state a need to screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks- with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks(individual sessions).

Medical records provided for review indicates that the employee was reportedly authorized for 3 sessions of cognitive behavioral therapy sessions and the records also suggest that the employee may have had up to 10 sessions. There is a single psychotherapy session note in the records, dated 10/3/13, and there is no evidence of functional improvement as a result of the therapy. Additionally, it is not clear whether the request for 5 sessions of cognitive behavioral therapy is in addition to or includes the 3 sessions that have already been authorized.

**The request for 5 sessions of cognitive behavioral therapy is not medically necessary.**

**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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/js

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.