

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

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

Dated: Select Date

IMR Case Number:	CM13-0018569	Date of Injury:	08/31/2008
Claims Number:	[REDACTED]	UR Denial Date:	08/21/2013
Priority:	STANDARD	Application Received:	08/30/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
MULTIPLE			

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: PARTIAL OVERTURN. This means we decided that some (but not all) 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 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 45 year old male with a date of injury of 8/31/08. According to the records, the patient was injured in a motor vehicle accident while on the job and sustained numerous physical injuries in addition to developing psychiatric symptoms. According to the psychological evaluation and subsequent PR-2's submitted by Dr. [REDACTED] the patient's psychological diagnoses include posttraumatic stress disorder, major depressive disorder, single episode, with psychosis, severe, with mixed symptoms of anxiety secondary to the industrial injury, pain disorder with both psychological factors and a general medical condition, industrial, and primary insomnia, type II, industrial.

IMR DECISION(S) AND RATIONALE(S)

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

1. The request for 12 sessions of cognitive behavioral therapy (CBT) is medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

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 Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

The Expert Reviewer's decision rationale:

The employee has been receiving treatment for both PTSD and depression since January 2013. According to the Secondary Treating Physician's Progress Reports (PR-2) submitted by Dr. [REDACTED] the employee has benefitted from therapy and is expected to benefit from continued

services. According to the ODG regarding the treatment for complex PTSD, extremely severe cases of combined depression and PTSD may require more sessions if it is documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials. Since the employee has been diagnosed with both PTSD and MDD and has been actively participating in therapy, he will likely benefit from continued CBT sessions. **The request for 12 additional sessions of CBT is medically necessary and appropriate.**

2. The request for 12 biofeedback sessions is not medically necessary and appropriate.

The Claims Administrator based its decision on the the ODG, which are not a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 24-25, which are a part of the MTUS.

The Expert Reviewer's decision rationale:

Based on the medical records submitted for review, the employee has been receiving psychological services since January 2013. It is unclear as to the employee's objective functional improvements from the biofeedback sessions and the number of sessions of biofeedback that have been completed. According to the guidelines referenced above, biofeedback sessions are to have an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks (individual sessions) may be authorized. It further states that patients may continue biofeedback exercises at home. Since the employee has likely already received a total of 10 biofeedback visits, it is suggested that he continue to utilize the biofeedback exercises at home. **The request for 12 biofeedback sessions is not medically necessary and appropriate.**

3. The request for 12 medical hypnotherapy sessions is medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

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 Physician Reviewer based his/her decision on the ODG, Hypnosis.

The Expert Reviewer's decision rationale:

The employee has been receiving CBT psychotherapy in addition to hypnotherapy sessions since January 2013. The ODG indicate that hypnosis is a recommended intervention in conjunction with CBT for the treatment of PTSD. In regards to the number of sessions recommended, the ODG states that the number of visits of hypnotherapy should be contained within the total number of psychotherapy visits. Since this reviewer is recommending that the request for 12 CBT sessions be authorized due to being medically necessary, the request for an additional 12 sessions of hypnotherapy is also medically necessary. **The request for 12 hypnotherapy sessions is medically necessary and appropriate.**

4. A CD specific to pain management and sleep disorders is not medically necessary and appropriate.

The Claims Administrator based its decision on the ODG, which are not a part of the MTUS.

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 Physician Reviewer based his/her decision on the ODG, Mental Illness and Stress Chapter.

The Expert Reviewer's decision rationale:

There are no guidelines indicating the use of CDs for the treatment of pain. The ODG for the treatment of insomnia does not discuss the use of CDs as part of the suggested non-pharmacologic treatment. Various other options are listed and may need to be considered for the employee. **The request for a CD specific to pain management and sleep disorders is not medically necessary and appropriate.**

/dso

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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