

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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MAXIMUS
Federal Services



Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/29/2013
Date of Injury:	7/30/2010
IMR Application Received:	9/3/2013
MAXIMUS Case Number:	CM13-0019772

- 1) MAXIMUS Federal Services, Inc. has determined the request for relaxation training for pain control once per week for twelve weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 9/3/2013 disputing the Utilization Review Denial dated 8/29/2013. 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 relaxation training for pain control once per week for twelve weeks **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 37-year-old who sustained cumulative trauma in at least three instances of industrial accidents over a three year period. The patient has chronic back pain, has had surgery and nerve blocks and medications for pain. The patient is permanent and stationary as per the physicians evaluating him. The patient is unable to return to work in his usual and customary job. The patient reports increasing depression, anxiety and insomnia due to his condition and the effects on his life. A psychiatric evaluation was requested and reported. Testing was requested but is not in the record. Emotional distress is validated. There is a request for 12 weekly sessions of relaxation therapy for pain and 12 weekly sessions of cognitive group psychotherapy. There is a denial for relaxation therapy as it is noted as "redundant" to the group therapy.

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 Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for** relaxation training for pain control once per week for twelve weeks:

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), Stress Related Conditions, Cognitive Techniques and Therapy, which is part of the MTUS.

The Expert Reviewer based his/her decision on the ACOEM Guidelines, 2nd Edition (2004), page 400, and the Chronic Pain Medical Treatment Guidelines (2009), page 23, which are part of the MTUS.

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines, Relaxation therapy (as with other techniques such as biofeedback) to reduce pain is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavior therapy (CBT) program to facilitate exercise therapy and return to activity. The guidelines for these types of therapies state that a trial of 3-4 sessions, and with documented evidence of improvement, 6-10 visits over 5-6 weeks can be approved for chronic pain. As part of a multimodal approach, relaxation therapy can be effective for pain. As this employee has recognized emotional problems (depression, anxiety, insomnia) that have not been addressed, in this record, cognitive behavioral therapy, even as a stand alone individual treatment modality is indicated. However, twelve sessions does not meet the guidelines as it is requested. **The request for** relaxation training for pain control once per week for twelve weeks **is not 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

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