
Notice of Independent Medical Review Determination

Dated: 10/10/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/11/2013

11/19/2009

7/18/2013

CM13-0001913

- 1) MAXIMUS Federal Services, Inc. has determined the request for 6 sessions of cognitive behavioral therapy and relaxation training **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/22/2013. 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 6 sessions of cognitive behavioral therapy and relaxation training **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Doctor of Psychology who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is a Licensed Psychologist 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 11, 2013:

“The patient is a 47-year-old female who injured her left shoulder on 11/19/09 when she fell. The patient was diagnosed with shoulder region disorder, depressive with anxiety and psychological factor, adjustment disorder, and insomnia-type sleep disorder due to pain. A request was made for six sessions of cognitive behavioral therapy and relaxation training. As per 2/24/12 visit note, treatments to date include cortisone injections, PT sessions, and psychiatric consults and counseling sessions for depression and anxiety, which helped with the depression improvements. It was further documented in this report that on 3/14/11 evaluation, her overall psychological test results confirmed abnormal anxiety, somatization, dependency/failed repression, and mental confusion/dysfunction. The patient was prescribed with 16 individual psychotherapy sessions and 12 biofeedback sessions. Treatment course from the 2/24/2012 report up to 2013 was not provided. AS per 5/29/13 visit note, the patient complained of left shoulder pain which was at 7/10 on VAS. She was scheduled for a left shoulder arthroscopy with subacromial decompression and Mumford procedure on 06/07/2013. Current medication regimen includes Levaquin, Norco and Zofran. Submitted records were unable to provide a recent psychologic evaluation that would reflect the current psychologic state of the patient requiring the requested treatments. The request was for 6 sessions of cognitive behavioral therapy sessions; however, guidelines recommend an initial trial of 3 to 4 sessions with evidence of objective functional improvement prior to extending treatments beyond this trial phase. The medical necessity of the request for 6 visits is not established. The request can be partially certified at 4 visits.”

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 for Independent Medical Review (dated 7/18/2013)
- Utilization Review by [REDACTED] (dated 7/11/2013)
- Medical Records from claims administrator [REDACTED] (dated 7/17/2013)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 6 sessions of cognitive behavioral therapy and relaxation training

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the MTUS Chronic Pain Medical Treatment Guidelines (2009) pg. 23 which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on November 11, 2009, resulting in injury to the left shoulder. The medical records provided for review indicate treatments have included cortisone injections, physical therapy sessions, and psychiatric consults and counseling sessions for depression and anxiety, which helped with the depression improvements. The request is for 6 sessions of cognitive behavioral therapy (CBT) and relaxation training .

MTUS Chronic Pain Medical Treatment Guidelines state that a trial of CBT is an option, with results of treatment determined by record of functional improvement. The recommended quantity of visits for a CBT trial is 3-4 visits. Additionally, all therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The medical records provided for review indicate the employee has not shown the required functional improvement through a former course of therapy to meet guideline criteria for additional treatment. The request for 6 sessions of cognitive behavioral therapy and relaxation training **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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/mbg

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.