

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	9/5/2009
IMR Application Received:	7/18/2013
MAXIMUS Case Number:	CM13-0002012

- 1) MAXIMUS Federal Services, Inc. has determined the request for **treatment to prevent regression and maintain stabilization with individual or group CBT every other week (20 sessions) is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **weekly stress reduction biofeedback 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 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. 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 **treatment to prevent regression and maintain stabilization with individual or group CBT every other week (20 sessions) is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **weekly stress reduction biofeedback is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry 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:

“According to the clinical documentation, the patient is a 43-year-old developed depressive and anxious emotional and psychophysiological symptom reactive to experiences of stress arising from disturbing events working at a juvenile detention facility on 9/05/09.

Progress report dated 6/06/13 by Dr. [REDACTED], documented the patient remained to be symptomatic with neck pain, upper back pain and right shoulder pain. Patient believed that upper back pain was a result of the specific injuries of 9/05/09 and had deteriorated by inactivity due to this injury. Patient reported a history of injury to the lumbar spine and had been awarded lifetime medical for it. Present complaints included persistent neck, right shoulder and back pain. Patient received psychiatric care regularly. Physical exam showed a lot of tenderness in the cervicothoracic region and excruciating tenderness in the mid thoracic region at the level of T6-7 area. Treatment plan consisted of magnetic resonance imaging (MRI) study of the thoracic spine, Flexeril and Naproxen sodium.”

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 Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for treatment to prevent regression and maintain stabilization with individual or group CBT every other week (20 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 Chronic Pain Medical Treatment Guidelines (2009), pg. 23, Behavior Interventions, which is a part of MTUS, and Official Disability Guidelines (ODG), Online Version, Cognitive Behavior Therapy (CBT), which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pp. 23, 101-102, which is a part of MTUS, and Official Disability Guidelines (ODG), Online Version, Pain section which is not a part of MTUS.

Rationale for the Decision:

MTUS Guidelines indicate a psychological assessment with 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). The medical records submitted for review indicate the employee reported insomnia, depressive and anxiety symptoms that were intertwined with back and neck pain secondary to injury at work in 2009. These physical and mental signs and symptoms collectively required a combination of pharmacotherapy together with talk psychotherapy. Given the relatively low severity of this employee's condition two to six total treatments of CBT should be sufficient. **The request for Treatment to prevent regression and maintain stabilization with individual or group CBT every other week (20 sessions) is not medically necessary and appropriate.**

2) Regarding the request for weekly stress reduction biofeedback:

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 Chronic Pain Medical Treatment Guidelines, pg. 24, Biofeedback section, which is a part of MTUS, as well as the Official Disability Guidelines (ODG), Online Version, Biofeedback Therapy, which is not a part of MTUS, and the General Approach to Initial Assessment and Documentation (ACOEM Practice Guidelines, 2nd Edition (2008), pp. 1062-1068, which is not a part of MTUS.

The Expert Reviewer based his/her decision on the General Approach to Initial Assessment and Documentation (ACOEM Practice Guidelines, 2nd Edition (2008), pp. 1062-1068, which is not a part of MTUS, as well as ODG, Online Version, which is not a part of MTUS, and Chronic Pain Medical Treatment Guidelines, (2008), pg. 20, which is a part of MTUS.

Rationale for the Decision:

MTUS guidelines indicate biofeedback is not appropriate until Cognitive Behavioral therapy (CBT) has been tried first. The medical records submitted for review document the employee reported insomnia, depressive and anxiety symptoms that were intertwined with back and neck pain secondary to injury at work in 2009. These physical and mental signs and symptoms collectively required a combination of pharmacotherapy together with talk psychotherapy. The records do not document initial failed trial of CBT as indicated by the guidelines. **The request for weekly stress reduction biofeedback 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

/sce

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.