

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	5/24/2013
IMR Application Received:	7/18/2013
MAXIMUS Case Number:	CM13-0002171

- 1) MAXIMUS Federal Services, Inc. has determined the request for cognitive behavioral therapy, 6 sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Biofeedback 6 sessions **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 7/9/2013. 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 cognitive behavioral therapy, 6 sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Biofeedback 6 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 expert reviewer is Board Certified in Psychology, has a subspecialty in Psychotherapy, ADHD evaluations, Psychological Testing, Psychosomatic Disorders & Psychological sequelae of acute & chronic medical conditions 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 8, 2013:

“According to the records made available for review, this is a 47-year-old female patient, s/p injury 5/24/13. The patient most recently (6/19/13) presented with stress and psyche complaints resulting from excessive harassment, pressure, and a hospital work environment from management and coworkers. She feels symptoms of mental disorder including depression, anxiety, irritability, and insomnia. Other complaints include unprovoked crying spells, fluctuating appetite, diminished sex drive, deficits in concentration, and a lack of motivation. The patient also indicates stress-intensified physical complaints of headache, neck/shoulder/back muscle tension/pain and shortness of breath. Physical examination revealed diminished cognitive functioning with deficits in concentration, attention, and short-term memory. Her communication was tense, pressured, and depressed. Plan indicates CBT, biofeedback, and medication management pm to improve and maintain emotional and cognitive functioning. CBT will be used to offset symptoms of anxiety, emotional withdrawal, isolation, and depression. Medication management will be used to address the patient's needs and progress and make adjustments in medication according to the patient's needs, with a frequency of once every three weeks initially, and no more than every 3 to 4 months after that. Biofeedback will be used to appease the patient's stress symptoms and achieve a more relaxed state of mind. Current diagnoses include depressive

disorder NOS with anxiety, defensiveness and denial, and psychological factors affecting medical condition (stress-intensified headache, neck/shoulder/back muscle tension/pain and SOB). Treatment to date includes medications (Lexapro, BuSpar, Xanax, and Ambien). Treatment requested is CBT 6 sessions, biofeedback 6 sessions, and medication management 2 sessions.”

**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 [REDACTED]
- Utilization Review [REDACTED]
- Medical Records [REDACTED]
- Medical treatment Utilization Schedule (MTUS)

**1) Regarding the request for cognitive behavioral therapy, cognitive behavioral therapy, 6 sessions :**

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 23, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 9 and 23, which are part of MTUS.

Rationale for the Decision:

MTUS provides specific recommendations for psychotherapy in cases of chronic pain. A trial of cognitive behavioral therapy (CBT) is an option, with the results of treatment determined by functional improvement. The recommended quality of visits for a CBT trial is 3-4 visits. This employee has already completed two trials of CBT (6 sessions and then 16 sessions, which exceeds the quantity of visits recommended in the MTUS). There are no physician reports provided describing a sufficient degree of functional improvement to justify further visits of CBT. **The request for cognitive behavioral therapy, 6 sessions, is not medically necessary and appropriate.**

**2) Regarding the request for Biofeedback 6 sessions :**

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Mental Illness and Stress, Biofeedback Therapy Guidelines, which is not part of MTUS.

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

Rationale for the Decision:

MTUS guidelines indicate that for a treatment to be medically reasonable and necessary, there must be a report of functional improvement. All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of efficacy is accomplished by reporting functional improvement. The employee's issues are described as chronic major depression and anxiety disorders that are not responding to past and current treatment as requested. The employee has already received 12 biofeedback sessions. The treatment course is not described in the medical records provided for review, and there is no evidence of functional improvement to support more sessions. **The request for Biofeedback 6 sessions 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.