
Notice of Independent Medical Review Determination

Dated: 10/4/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	4/3/2009
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002323

- 1) MAXIMUS Federal Services, Inc. has determined the request for individual and group psychotherapy quantity 12 **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 individual and group psychotherapy quantity 12 **is 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 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 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 2, 2013:

“61-year-old worker who suffered industrial injury of unspecified mechanism and to unspecified body parts in April 2009. Mr. [REDACTED] additionally has multiple non-industrial medical issues. There are PR-2 progress note forms completed by psychologist [REDACTED], Ph.D. dated 5/18/12, 6/29/12, 10/5/12, 11/16/12, 12/28/12, 2/8/13, 3/22/12, and 5/24/12. Dr. [REDACTED] indicates that Mr. [REDACTED] is diagnosed with a Depressive Disorder NOS and a Generalized Anxiety Disorder and is participating in individual and group psychotherapy. Dr. [REDACTED] indicates that Mr. [REDACTED] emotional condition, sleep, memory, attention span, socialization, and motivation have improved. Dr. [REDACTED] requests authorization for 12 additional individual and group psychotherapy sessions. The number of psychotherapy sessions conducted thus far is not indicated, and there is no rationale provided for additional psychological input.”

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 (received 7/22/2013)
- Utilization Review Determination from [REDACTED] (dated 7/2/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

1) Regarding the request for individual and group psychotherapy quantity 12:

Medical Treatment Guideline(s) 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), 2nd Edition, 2004, pg. 105-127, part of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG), (no section or page number was cited), a medical treatment guideline (MTG) not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Guidelines (2009), Cognitive Behavioral Therapy (CBT), page 23, and Psychological treatment, page 101-102, part of the MTUS and the Official Disability Guidelines (ODG), (current version), Mental Illness and Stress Chapter, Cognitive therapy for depression section, a medical treatment guideline, not part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 4/03/09. The submitted and reviewed medical records indicate gastrointestinal problems, low energy, distressing dreams, headaches, and a low sex drive. The records indicate diagnoses include: pain disorder, depressive disorder, not otherwise specified, anxiety disorder, not otherwise specified, and cognitive disorder, not otherwise specified. Prior treatment has included individual and group therapy. A request has been submitted for individual and group psychotherapy quantity 12.

MTUS Chronic Pain guidelines indicate psychological intervention for chronic pain includes addressing co-morbid mood disorders (such as depression, anxiety, etc.). Cognitive behavioral therapy (CBT) and self-regulatory treatments have been found to be particularly effective. The submitted and reviewed medical records indicate diagnoses of Depressive Disorder NOS and Generalized Anxiety Disorder, and the employee is participating in individual and group psychotherapy for treatment. MTUS guidelines support psychological intervention for chronic pain CBT in this case, but do not provide guidance as to the appropriate amount, duration or frequency of treatment for affective disorders such as depression; therefore, the Official Disability Guidelines were referenced.

The Official Disability Guidelines note that psychological intervention may be warranted when emotional distress mitigates recovery or delays return to work. The guidelines support an initial 6-10 sessions of psychotherapy for affective disorders, with additional sessions (up to 13-20 total sessions) contingent upon objective evidence of functional improvement. The submitted documentation indicates that the employee continues to experience symptoms of a psychiatric condition, and there is some evidence of functional improvement. The guidelines support the requested services in this case. The requested individual and group psychotherapy quantity 12 **is 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

/srb

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.