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**Notice of Independent Medical Review Determination**

Dated: 10/3/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	4/29/2011
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002478

- 1) MAXIMUS Federal Services, Inc. has determined the request for 10 sessions of individual psychotherapy **is not 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 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 10 sessions of individual psychotherapy **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.

### **Case Summary:**

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

"According to the clinical documentation, the patient is a 67-year-old who sustained an injury on 4/29/11. The mechanism of injury was not documented in the medical reports submitted with this request. Doctor's first report of occupational injury or illness dated 6/10/13 by [REDACTED] PhD, documented the patient sustained psychiatric symptoms from physical injury development. Subjective complaints at this time consisted of anxiety, depression, sleep disorder, irritability, anger, social withdrawal, tearfulness, poor concentration and forgetfulness. Treatment rendered included a psychiatric evaluation. There was no psychiatric evaluation report attached in the medical reports submitted for this request. Operative report dated 9/27/12 by Dr. [REDACTED], documented the patient underwent wide and radical discectomy C4-C5, C5-C6 and C6-7 with anterior interbody fusion. Ultrasound report dated 11/25/11 interpreted by Dr. [REDACTED], documented the following impression: "1) Right AC joint hypertrophy/narrowing of the subacromial space (mild findings). 2) Right rotator cuff tendinosis (supraspinatus), 3) Right normal long head biceps tendon (stable in bicipital groove). 4) Normal left shoulder." Magnetic resonance imaging (MRI) study of the cervical spine dated 6/07/13, interpreted by Dr. [REDACTED] documented severe degenerative disk disease at C4-5, C5-6 and C6-7 with significant central and foraminal stenosis and cord myelomalacia. According to Doctor's first report of occupational injury or illness dated 6/10/13 by [REDACTED] PhD, the patient was diagnosed with major depressive disorder (severe to moderate), insomnia type sleep disorder due to pain and psychological factors affecting medical condition. This is a request for medical necessity of Individual psychotherapy ten (10) sessions on a weekly basis and Psychotropic medication; three (3) sessions on a monthly basis."

### **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 provided by [REDACTED] (dated 7/11/2013)
- Medical Records from 8/13/2012 through 5/16/2013
- Medical Treatment Utilization Schedule

#### **1) Regarding the request for 10 sessions of individual psychotherapy:**

##### 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, (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 was injured on 4/29/11. The submitted medical records note chronic cervical pain, anxiety, depression, sleep disorders, irritability, anger, social withdrawal, tearfulness, poor concentration and forgetfulness. The employee has been diagnosed with major depressive disorder, insomnia type sleep disorder due to pain and psychological factors affecting medical condition. Prior treatment has included surgery. A request has been submitted for 10 sessions of individual psychotherapy.

The Chronic Pain guidelines recommend behavioral interventions, as the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy. The medical records reviewed report the employee has suffered from depression, anxiety, sleep disorders, irritability, anger, social withdrawal, tearfulness, poor concentration and forgetfulness, however, no psychological evaluation was submitted with documentation of psychological testing or psychological interview. Therefore, the need for individual therapy cannot be established. The requested 10 sessions of individual psychotherapy **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, 18<sup>th</sup> 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.