

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 10/23/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	4/16/2001
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003265

- 1) MAXIMUS Federal Services, Inc. has determined the request for eight psychological treatment sessions **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 eight psychological treatment sessions **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 10, 2013:

“The patient is a 52 year old female with a date of injury of 4/16/2001. The provider has submitted a prospective request for eight psychological treatment sessions.

Submitted documents state that the patient has canceled or not shown for two scheduled appointments. Documents state that the patient continues to demonstrate catastrophic ideas about her pain and views herself as a helpless victim in her condition.

Guidelines for the use of psychological treatment of chronic pain state that for additional sessions to be appropriate evidence of objective functional improvement must be demonstrated.

There is no evidence of functional improvement with the four sessions of psychological treatment. Additionally the patient has not shown for two of scheduled appointments. For these reasons the prospective request for eight psychological treatment sessions is non-certified.”

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 07/25/2013)
- Utilization Review Determination from [REDACTED] (dated 07/10/2013)

- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request eight psychological treatment 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), Current Version, Cognitive Behavioral Therapy, not part of the MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Behavioral intentions, page 23, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 4/16/2001. The submitted and reviewed medical records indicate that the employee has had three sessions of psychological treatment out of four sessions authorized. The records indicate that the three sessions were completed over a period of several weeks and the fourth session is still pending. The records indicate that the employee has cancelled or not shown up for some of the prior authorized sessions.

According to the MTUS Chronic Pain Medical Treatment Guidelines cognitive behavioral therapy, should initially be provided for 3-4 sessions over a two week period. If there is evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks can be authorized. The submitted medical records indicate the employee was initially granted four visits, but had yet to complete all four within the recommended timeframe. The records indicate there were cancelled visits, no shows for two scheduled visits, and the final visit was pending. Three sessions were completed, but the records do not document any evidence of objective functional improvement that would support continued sessions. The request for eight psychological treatment 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;

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

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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.