

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/28/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/16/2013

2/18/2007

7/29/2013

CM13-0004384

- 1) MAXIMUS Federal Services, Inc. has determined the request for 24 weekly visits **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 24 weekly visits **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 Internal Medicine, 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:

The patient is a 64-year-old female who reported an injury on 04/18/2007. A Permanent and Stationary Report dated 08/15/2012 reported that the patient had a 40% whole person impairment rating. Future care was recommended in the form of 2 weeks of physical therapy for right shoulder flare ups, a followup visit with an orthopedic surgeon once a year and consideration for a right shoulder revision arthroplasty surgery as well as left shoulder arthroscopy. The patient was also recommended for chronic pain management with her pain management physician. The clinical note with physician assistant [REDACTED] on 02/22/2013 reported that the patient complained of constant moderate to severe pain. The patient also complained of headaches and chronic fatigue and had a frustrated and depressed mood. The patient was recommended for continued treatment for depression. The psychiatric note dated 05/24/2013 reported that the patient was "doing a little better." The patient was noted to have diagnoses to include bipolar, pain and sleep disorders. The patient was noted to have a euthymic mood. The patient was recommended for medication management. A followup note on 05/31/2013 reported that the patient's mood continued to show good response to the medication regimen. A followup psychiatric evaluation with Dr. [REDACTED] on 06/21/2013 reported that the patient had complaints of being extremely fatigued after a couple of days of moving. The patient did report that after the first 3 days, her stamina began to improve. Objective findings reported that the patient's mood was showing significant improvement. The patient was recommended for medications to include Lunesta, carbamazepine, clonazepam, alprazolam, Abilify and Adderall. The patient was also recommended for weekly visits. A utilization review completed on 07/16/2013 by Dr. [REDACTED] reported that the patient had been receiving weekly treatments since 05/14/2008; and after 7 years of weekly treatment, there was no specific plan of care or reasoning for additional treatment. Therefore, Dr. [REDACTED] denied the request for weekly visits for 24 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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 24 weekly visits for psychological treatment:

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 California Chronic Pain Medical Treatment Guidelines, which is a part of Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cognitive behavioral therapy, pg. 23 which is part of MTUS.

Rationale for the Decision:

The California MTUS Guidelines recommend up to 10 sessions of cognitive behavioral therapy. The request for 24 weekly visits is vague in nature and does not indicate the specific treatment being performed. However, based on the records provided for review, it appears that the employee is receiving cognitive behavioral therapy on weekly visits. There were no documented psychometric testing scores submitted for review to validate the diagnoses and/or corroborate the subjective complaints. There was no documentation of any significant improvement with prior weekly visits to date. The request for approximately six months of weekly care without documentation of efficacy of the previous treatment is not supported by current evidence-based guidelines. The request for 24 weekly visits for psychological treatment **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.