MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/30/2013

Employee:	[redacted]
Claim Number:	[redacted]
Date of UR Decision:	6/28/2013
Date of Injury:	11/20/2006
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006567

DEAR [redacted]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 44 y.o. male with a date of injury of 11/20/06. Based on medical records, the claimant has struggled with back injuries in addition to experiencing psychiatric symptoms including depression and anxiety. He has been diagnosed with Depressive Disorder NOS and Psychological Factors Affecting Other Medical Conditions.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. 7 Cognitive behavior psychotherapy sessions is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Medical Treatment Guidelines, which is part of MTUS, and the Official Disability Treatment Guideline, Section Cognitive behavioral therapy, which is not part of MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on Official Disability Treatment Guidelines, section Psychotherapy guidelines, which is not part of MTUS.

The Physician Reviewer's decision rationale:

The documentation submitted for review indicate that the employee received an initial authorization for 6 sessions of cognitive behavioral therapy. Although reports indicate that the employee has improved from therapy in the past, there is no updated objective functional improvement information to indicate the need for additional sessions. According to the Official Disability Treatment Guidelines, an additional 7-14 sessions may be authorized after an initial 6 sessions have been completed and there is evidence of objective functional improvement.

Because there is no information on the employee's "objective functional improvement", the request is non-certified. **The request for an additional 7 sessions of cognitive behavioral therapy is not medically necessary.**

2. Biofeedback sessions times 4 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Medical Treatment Guidelines, which is part of MTUS, and the Official Disability Treatment Guideline, Section Cognitive behavioral therapy, which is not part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Biofeedback, pgs. 24-25, which is part of MTUS, and the Official Disability Treatment Guidelines, section Biofeedback therapy guidelines, which is not part of MTUS .

The Physician Reviewer's decision rationale:

The information reviewed does not indicate any objective functional improvement by the employee from the biofeedback previously received. According to the MTUS and the Official Disability Treatment Guidelines (ODG), biofeedback sessions are to be done weekly if not twice a week and further sessions may be authorized with evidence of objective functional improvement. Because there is no evidence of any objective functional improvement from the biofeedback sessions, the request is non-certified. **The request for 4 additional biofeedback sessions is not medically necessary.**

3. 2 Medication management sessions is not medically necessary and appropriate.

The Claims Administrator based its decision on the Stress Related Conditions Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 15), pg 405, which is part of MTUS, and the Official Disability Treatment Guidelines, section Mental Illness and Stres Procedure Summary, which is not part of MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on Official Disability Treatment Guidelines, section Office Visits, which is not part of MTUS.

The Physician Reviewer's decision rationale:

The employee has been authorized for previous medication management sessions, yet there is no information about the employee's progress as assessed in those sessions. The Official Disability Guidelines indicate that the need for a clinical office visit with a health care provider is individualized based upon a review of the individual concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the individual is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As individual conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best individual outcomes are achieved with eventual individual independence from the health care system through self care as soon as clinically feasible. Based on the review of the submitted medical records, the employee has yet to complete the previously authorized visits which would provide information about the symptoms, clinical stability, and the need for

further visits. Until the employee completes the previously authorized visits and there is evidence to support further visits, the request for an additional 2 medciation management sessions in not certified. **The request for 2 Medication management sessions is not medically necessary and appropriate**

/fn

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.

[redacted]