
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

December 18, 2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/30/2013
Date of Injury: 5/8/2007
IMR Application Received: 8/9/2013
MAXIMUS Case Number: CM13-0008945

Dear Mr./Ms. [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 Psychiatrist, 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:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

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 patient is a 35-year-old male who reported an injury on 05/08/2007. The patient was originally involved in a motor vehicle accident with low back complaints. The patient has been diagnosed with depressive disorder with anxiety. The patient was seen for AME evaluation in 12/2011 and was recommended for 18 to 36 individual psychotherapy sessions and 12 to 18 psychotropic medication management sessions. Notes indicate the patient has received 5 sessions of individual cognitive behavioral psychotherapy and 20 sessions of group cognitive behavioral psychotherapy. The patient is also taking Wellbutrin. The current plan is for continued cognitive behavioral therapy.

IMR DECISION(S) AND RATIONALE(S)

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

1. Six cognitive behavioral therapy sessions is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Stress Related Conditions Chapter, Chapter 15, pgs. 400-401, which are part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cognitive Behavioral Therapy, page 23, which is part of the MTUS.

The Physician Reviewer's decision rationale:

California MTUS Guidelines recommend up to 10 sessions of cognitive behavioral therapy when there is evidence of objective functional improvement. The employee has previously participated in cognitive behavioral therapy sessions. The documentation submitted for review failed to document any objective functional improvement. There are no repeat psychometric testing scores

submitted for review after the completion of therapy for comparison with initial values to assess for functional improvement. In addition, California MTUS Guidelines state that services should be administered over 5 to 6 weeks. The employee's initial psychological AME was over 2 years ago. **The request for six cognitive behavioral therapy sessions is not medically necessary and appropriate.**

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]

CM13-0008945