
Independent Medical Review Final Determination Letter

2910

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/30/2013

IMR Case Number:	CM13-0023066	Date of Injury:	07/09/2013
Claims Number:	[REDACTED]	UR Denial Date:	09/04/2013
Priority:	STANDARD	Application Received:	09/11/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
EIGHT TO TWENTY 8-20 SESSION OF PSYCHOTHERAPY			

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 an expert reviewer. He/she 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 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 52 year-old male with a date of injury from 2/18/12 – 7/9/13. According to the medical reports, the claimant worked in a hostile and threatening work environment that caused symptoms of anxiety. The claimant was diagnosed by Dr. [REDACTED] on 7/18/13 as suffering from an adjustment disorder. On 10/29/13, the claimant completed a psychological evaluation and was diagnosed by Dr. [REDACTED] as having an anxiety disorder, not otherwise specified, with posttraumatic symptoms.

IMR DECISION(S) AND RATIONALE(S)

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

1. Eight to twenty (8-20) sessions of psychotherapy is not medically necessary and appropriate.

The Claims Administrator did not clearly cite the evidence based criteria used for its decision.

The Expert 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 Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Cognitive behavioural therapy (CBT).

The Physician Reviewer's decision rationale:

The request for 8-20 psychotherapy sessions is too vague and excessive. The request does not identify the type of psychotherapy being used and the number of sessions requested does not follow the Official Disability Guidelines. In regards to the use of cognitive behavioral therapy, the ODG recommends an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, a total of 13-20 over 13-20 weeks" may be necessary. Since the request

does not follow these guidelines and does not indicate a specific psychotherapy modality, the request for 8-20 psychotherapy sessions is not medically necessary.

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]

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