

Case Number:	CM13-0067329		
Date Assigned:	01/03/2014	Date of Injury:	05/01/2012
Decision Date:	05/19/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/17/2013

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 Board Certified in Psychiatry 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

A 44 year old female with date of injury 5/1/2012. Date of UR decision was 12/16/2013. QME report by Psychiatrist dated 12/6/2013, which was completed on 10/25/2013 listed that she has been diagnosed with Attention deficit disorder ds, hyperactivity type and had been taking Adderall 10 mg per PR reviewed by the QME physician from 12/21/2011. The dose of adderall XR was increased over time to 25 mg qday as needed for inattention about 3-4 times a week. She had been seeing the provider monthly for continuation of adderall. She had been receiving individual psychotherapy. Psychological testing including MMPI-2 was done on 10/25/2013 and she was diagnosed with adjustment ds with mixed anxiety and depressed mood. She has been receiving CBT per PR from 10/17/2013. Report by Psychologist dated 12/27/2013 states that the IW is anxious regarding the continued symptoms in her bilateral upper extremities and whether she can continue in nursing. Cymbalta and Ambien were recommended by the Psychiatrist on 10/25/2013

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC EVALUATIONS X15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations .

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness

Decision rationale: According to CA MTUS guidelines" Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns." ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient 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 patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. " Based on the reviewed documentation, the request for 15 Psychiatric evaluations is excessive and the medical necessity cannot be affirmed.

PSYCHOLOGICAL TESTING TO MONITOR PROGRESS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental And Stress, Psychological Evaluations.

Decision rationale: ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. See "Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients" from the Colorado Division of Workers' Compensation, which describes and evaluates the following 26 tests: (1) BHI - Battery for Health Improvement, (2) MBHI - Millon Behavioral Health Inventory, (3) MBMD - Millon Behavioral Medical Diagnostic, (4) PAB - Pain Assessment Battery, (5) MCMI-111 - Millon Clinical Multiaxial Inventory, (6) MMPI-2 - Minnesota Inventory, (7) PAI - Personality

Assessment Inventory, (8) BBHI 2 - Brief Battery for Health Improvement, (9) MPI - Multidimensional Pain Inventory, (10) P-3 - Pain Patient Profile, (11) Pain Presentation Inventory, (12) PRIME-MD - Primary Care Evaluation for Mental Disorders, (13) PHQ - Patient Health Questionnaire, (14) SF 36, (15) SIP - Sickness Impact Profile, (16) BSI - Brief Symptom Inventory, (17) BSI 18 - Brief Symptom Inventory, (18) SCL-90 - Symptom Checklist, (19) BDI-II - Beck Depression Inventory, (20) CES-D - Center for Epidemiological Studies Depression Scale, (21) PDS - Post Traumatic Stress Diagnostic Scale, (22) Zung Depression Inventory, (23) MPQ - McGill Pain Questionnaire, (24) MPQ-SF - McGill Pain Questionnaire Short Form, (25) Oswestry Disability Questionnaire, (26) Visual Analogue Pain Scale - VAS. (Bruns, 2001) The IW underwent Psychological testing on 10/25/2013. MMP1-2 had elevated scores on scales 1,2 and 4 consistent with somatic difficulties, depression and irritability. BDI-II score was 25 and BAI score was 6. Additional information regarding the quantity, frequency and the nature of Psychological testing to be performed on the IW, is needed before the medical necessity can be affirmed.