

<b>Case Number:</b>	CM14-0106794		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	03/05/2004
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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:

Injured worker is a 65 year old female with date of injury 3/5/2004. Date of the UR decision was 7/3/2014. Report dated 7/14/2014 reported that she was fatigued, anxious and was fearful of going into her office because of the fear of running into a coworker she had problems with in 2004. Her subjective complaints per that report were anger, anxiety, depression, diminished energy, preoccupation with industrial stressors, irritability, low self-esteem, panic attack, sleep disturbance, social withdrawal and physical discomfort. Psychological testing performed that day revealed a Beck Depression Inventory score of 47 and Beck Anxiety Inventory score of 56. She was given diagnosis of Anxiety disorder NOS and Psychological symptoms affecting medical condition. She was being prescribed Sertraline 25 mg and Alprazolam. Report suggested that the injured worker was to continue receiving the medications from her Primary Care Provider.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication management (80sessions, once every 6-weeks for 52-weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visits, Stress related conditions

**Decision rationale:** 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. " The injured worker has been diagnosis with Anxiety disorder NOS and Psychological symptoms affecting medical condition per report dated 7/14/2014. It was suggested that she was being prescribed Sertraline 25 mg and Alprazolam. Report suggested that the injured worker was to continue receiving the medications from her Primary Care Provider. She has been diagnosed with Anxiety disorder NOS and Psychological symptoms affecting medical condition and is being prescribed Sertraline 25 mg and Alprazolam which is to be continued by her Primary Care Provider. The request for medication management one time every six weeks for 52 weeks is excessive and not medically necessary. The injured worker is not on any medications that require such close monitoring i.e every 6 weeks for a year.

**Beck Depression Inventory (BDI, 8-sessions, once every 6-weeks for 52-weeks):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress Chapter, Office Visits

**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 sub-acute 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. She has been diagnosed with Anxiety disorder NOS and Psychological symptoms affecting medical condition and is being prescribed Sertraline 25 mg and Alprazolam which is to be continued by her Primary Care Provider. The injured worker underwent Psychological testing on 7/14/2014. The request for Beck Depression Inventory (BDI, 8-sessions, once every 6-weeks for 52-weeks is excessive and not medically necessary. There is no clinical indication as to why she would need Psychological testing every 6 weeks for 52 weeks.

**Beck Anxiety Inventory (BAI, 8-sessions, once every 6-weeks for 52-weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress Chapter, Office Visits

**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 sub-acute 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. She has been diagnosed with Anxiety disorder NOS and Psychological symptoms affecting medical condition and is being prescribed Sertraline 25 mg and Alprazolam which is to be continued by her Primary Care Provider. The injured worker underwent Psychological testing on 7/14/2014. The request for Beck Anxiety Inventory (BAI, 8-sessions, once every 6-weeks for 52-weeks is excessive and not medically necessary. There is no clinical indication as to why she would need Psychological testing every 6 weeks for 52 weeks.