

Case Number:	CM14-0147359		
Date Assigned:	09/15/2014	Date of Injury:	03/02/2004
Decision Date:	12/31/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/10/2014

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 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. 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:

The injured worker is a fifty-five year old female, who sustained a continuous trauma work-related injury from March, 2003 and March 2004 and from December, 2004 and September, 2006. Diagnoses associated with this injury include depressive disorder and psychological symptoms. Treatment modalities used in the care of the injured worker included group therapy, outpatient therapy and medication. A request for Beck Anxiety Inventory (BAI) testing and Beck Depression Inventory (BDI) testing 1 x 6 weeks was noncertified by Utilization Review (UR) on September 5, 2014. The UR physician determined that based on the reviewed medical documentation, the injured worker had reached maximum medical improvement and a permanent and stationary plateau in December, 2004. In addition, the UR physician determined that the injured worker had BAI and BDI testing on June 30, 2014 and no clear rationale was presented in the submitted documentation for additional testing. A request for independent medical review was made on September 9, 2014. A review of the submitted documentation indicated that the injured worker had reached maximum medical improvement and a permanent and stationary plateau in December, 2004. In February, 2009 the injured worker was evaluated and determined to have some deterioration in her condition and her treatment provider recommended psychiatric intervention. The documentation referenced that Beck Depression Inventory test and Beck Anxiety Inventory testing was completed on June 30, 2014

IMR ISSUES, DECISIONS AND RATIONALES

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

BAI and BDI 1 x 6 weeks: Upheld

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

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 and Stress Chapter

Decision rationale: The CA MTUS does not address the use of either the BAI or the BDI therefore, the Official Disability Guideline regarding the use of the BDI will be used as reference for this case. Based on the review of the medical records, the claimant has been participating in psychological services for several years. She has received both individual as well as group psychotherapy with some improvement. It is unclear from the records as to how many psychotherapy sessions were completed in 2014 and whether more have been authorized. Without the continuation of treatment, there is no need for any additional assessments. As a result, the request for the "BAI and BDI 1 x 6 weeks" is not medically necessary.