

Case Number:	CM14-0156167		
Date Assigned:	09/25/2014	Date of Injury:	12/02/1992
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/23/2014

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 claimant is a 58 year-old female [REDACTED] with a date of injury of 2/2/92. The claimant sustained injury to her back when she tried to pick up a falling table and experienced significant pain. The claimant sustained this injury while working as the children's choir director for [REDACTED]. In their PR-2 report dated 8/11/14, Nurse Practitioner, [REDACTED] and [REDACTED] diagnosed the claimant with: (1) General osteoarthritis involving multiple sites; and (2) Failed back syndrome, lumbar. The claimant has been treated over the years with medications (for which she later required opioid detox), epidural injections, TENS Unit, physical therapy, acupuncture, chiropractic, spinal cord stimulation, and multiple surgeries. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his "Psychiatric Evaluation Report to Primary Treating Physician" dated 8/4/14, [REDACTED] diagnosed the claimant with: (1) Major depression, recurrent episode, moderate to severe, non-psychotic; (2) Pain disorder associated with both psychological factors and a general medical condition; (3) Partner relational problem; (4) Multiple iatrogenic psychoactive substance dependence, in lengthy remission; and (5) R/O ADHD. The claimant has been treated for her psychiatric symptoms with psychotropic medications and psychological services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) BDI (Beck Depression Inventory) testing sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, 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 the DBI 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 struggling with psychiatric symptoms of depression intermittently since her injury in February 1992. She has been treated with psychotropic medications and some psychological services. In his recent "Psychiatric Evaluation Report to Primary Treating Physician" dated 8/4/14, [REDACTED] recommended continued psychiatric/medication management services in addition to 4 sessions of BDI/BAI testing. It is unclear why separate requests are being made for the testing when the testing is often a part of already authorized treatments and can be incorporated into the sessions. As a result, the request for "Four (4) BDI (Beck Depression Inventory) testing sessions" is not medically necessary.

Four (4) BAI (Beck Anxiety Inventory) testing sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, 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: Neither the CA MTUS nor the ODG address the use of the BAI. However, the ODG does address the use of the BDI, which that guideline will be used as reference for this case. Based on the review of the medical records, the claimant has been struggling with psychiatric symptoms of depression intermittently since her injury in February 1992. She has been treated with psychotropic medications and some psychological services. In his recent "Psychiatric Evaluation Report to Primary Treating Physician" dated 8/4/14, [REDACTED] recommended continued psychiatric/medication management services in addition to 4 sessions of BDI/BAI testing. It is unclear why separate requests are being made for the testing when the testing is often a part of already authorized treatments and can be incorporated into the sessions. As a result, the request for "Four (4) BAI (Beck Anxiety Inventory) testing sessions" is not medically necessary.