

<b>Case Number:</b>	CM14-0166857		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	07/17/1990
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 7/17/1990. Date of the UR decision was 9/30/2014. Report dated 6/16/2014 suggested that the injured worker was given diagnosis of Major Depressive Disorder, single episode with mood congruent psychotic features, Pain disorder due to psychological factors and general medical condition and Psychological factors affecting medical condition. She was being prescribed Abilify, Wellbutrin, Ambien, Lexapro and Lorazepam. Report dated 9/22/2014 listed subjective complaints as depression, hallucinations, sleep disturbance, and social withdrawal. Objective findings suggested that she scored 29 on Beck Depression Inventory and 38 on Beck Anxiety Inventory scales. She was continued on the same psychotropic medications as the ones prescribed per the 6/16/2014 report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Medication management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic)

**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 diagnosed with Major Depressive Disorder, single episode with mood congruent psychotic features, Pain disorder due to psychological factors and general medical condition and Psychological factors affecting medical condition. She is being prescribed Abilify, Wellbutrin, Ambien, Lexapro and Lorazepam. Report dated 9/22/2014 listed subjective complaints as depression, hallucinations, sleep disturbance, and social withdrawal. The injured worker is being prescribed multiple psychotropic medications with no documented plan of taper. Medications like Ambien, Lorazepam are only recommended for short term treatment. Antipsychotic like Abilify is not recommended for conditions covered under ODG. The request for 8 Medication Management is excessive and not medically necessary.

**8 BDI (Beck Depression Inventory) 1 every 6 weeks for 52 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 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. The injured worker has been undergoing psychological testing including Beck Depression and Anxiety Inventories at every visit. However, there has not been any recommendation for psychosocial interventions which is usually the goal of the Psychological Testing per the guidelines. The request for 8 BDI (Beck Depression Inventory) 1 every 6 weeks for 52 weeks is excessive and not medically necessary.

**8 BAI (Beck Anxiety Inventory) 1 every 6 weeks for 52 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 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. The injured worker has been undergoing psychological testing including Beck Depression and Anxiety Inventories at every visit. However, there has not been any recommendation for psychosocial interventions which is usually the goal of the Psychological Testing per the guidelines. The request for 8 BAI (Beck Anxiety Inventory) 1 every 6 weeks for 52 weeks is excessive and not medically necessary.