

<b>Case Number:</b>	CM14-0094037		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 48 year old female with date of Injury 02/08/2012. Date of the UR decision was 05/20/2014. Report dated 7/29/2014 suggested increase in anxiety and PTSD symptoms over last few weeks due to uncertainty over orthopedic limitations. His subjective symptoms per that report were anxiety, depression, diminished energy, irritability, nightmares, sleep disturbance, phobic avoidance of situations that rekindle memories of the traumatic event, anxiety, depression and physical discomfort. Psychological testing performed that day listed Beck Depression Inventory score of 18 and Beck Anxiety Score of 14. She was diagnosed with Post Traumatic Stress Disorder, chronic. Report dated 6/10/2014 listed Beck Depression Inventory score of 6 and Beck Anxiety Score of 9. He was diagnosed with Trazodone 50 mg nightly as needed for sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication management 1 (one) x every 6 (six) weeks x 1 (one) year:** 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 Chapter, Evaluation & Management; Medical practice standard guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 request for Medication management 1 (one) x every 6 (six) weeks x 1 (one) year is excessive and not medically necessary. There is no clear indication for such frequent follow ups i.e every 6 weeks. Injured worker is not on any psychotropic medications that would require such close monitoring.

**BDI (Beck Depression Inventory) 1 (one) x week every 6 (six) weeks x 1 (one) year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) Guidelines, (Otis, 2006), (Townsend, 2006), (Kerns, 2005), (Flor, 1992), (Morley, 1999), (Ostelo, 2005), page 101-102; Official Disability Guidelines, Stress & Mental Health Chapter, Psychological Evaluations, SCS (spinal cord stimulators) & the Chronic Pain Chapter; "Psychological Tests Commonly used in the Assessment of Chronic Pain Patients" from the Colorado Division of Workers' Compensation;

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 request for BDI (Beck Depression Inventory) 1 (one) x week every 6 (six) weeks x 1 (one) year is excessive and not medically necessary. There is no indication for need for such frequent testing.

**BAI (Beck Anxiety Inventory) 1 (one) x week x 6 (six) weeks x 1 (one) year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) Guidelines, (Otis, 2006), (Townsend, 2006), (Kerns, 2005), (Flor, 1992), (Morley, 1999), (Ostelo, 2005), page 101-102; Official Disability Guidelines, Stress & Mental Health Chapter, Psychological Evaluations, SCS (spinal cord stimulators) & the Chronic Pain Chapter; "Psychological Tests Commonly used in the Assessment of Chronic Pain Patients" from the Colorado Division of Workers' Compensation;

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 request for BAI (Beck Anxiety Inventory 1 (one) x week every 6 (six) weeks x 1 (one) year is excessive and not medically necessary. There is no indication for need for such frequent testing.