

<b>Case Number:</b>	CM14-0097433		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 40 year-old female (██████████) with dates of injury of 3/17/11 & 10/21/11. The claimant sustained internal injuries as well as an injury to her psyche as the result of an antagonistic relationship with a co-worker. The claimant reports that she experienced discrimination and harassment from her supervisor. The claimant also reports that she sustained an injury to her right wrist when she lifted up a boel of fruit weighing approximately 5 pounds. The claimant sustained these injuries while working as a dispatcher for the ██████████. In his "Internal Medicine Permanent and Stationary Report" dated 4/17/14, ██████████ diagnosed the claimant with: (1) Gastritis, status-post H. pylori treatment; (2) Irritable bowel syndrome with constipation . diarrhea; (3) Internal hemorrhoids; (4) Colonic polyps, hyperplastic polyps, status post polypectomy; (5) Chest pain, secondary to anxiety; (6) Cephalgia, defer to neurologist; (7) Obesity; and (8) Psych diagnoses, defer to ██████████. Regarding the claimant's injury to her psyche, the PR-2 report dated 5/23/14 by ██████████ diagnosed the claimant with Major depression, single episode, moderate to severe, without psychotic features.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy once a week times twenty-four (24) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG)-Treatment in Workman's Compensation (TWC): Mental Illness and Stress Procedure Summary; Official Disability Guidelines (ODG): Psychotherapy Guidelines.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Mental Illness and Stress Chapter and Other Medical Treatment Guideline or Medical Evidence: APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder Third Edition (2010), Maintenance phase page 19.

**Decision rationale:** The CA MTUS does not address the treatment of depression, therefore, the Official Disability Guideline regarding the cognitive treatment of depression and the APA Practice Guideline regarding the Treatment of Patients with Major Depressive Disorder will be used as reference for this case. Based on the review of the medical records, the claimant had been receiving psychotherapy services in 2013, which were discontinued in October 2013. Since that time, the claimant's psychiatric symptoms of depression have increased and her functioning has regressed. The need for further psychotherapy sessions has been established, however, the request for an additional 24 weekly sessions appears excessive given the amount of previously completed treatment. The APA Practice Guideline indicates that if a depression-focused psychotherapy has been used during the acute and continuation phases of treatment, maintenance treatment should be considered with a reduced frequency of sessions. It is noted that the claimant received a modified authorization for 4 sessions in response to this request. As a result of the excessive nature of the request, the request for Psychotherapy once a week times twenty-four (24) weeks is not medically necessary.

**Beck Anxiety Inventory (BAI) one time every six (6) weeks for a quantity of 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment in Workman's Compensation (TWC): Mental Illness and Stress Procedure Summary, Evaluation and Management.

**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, BDI® - II (Beck Depression Inventory-2nd edition).

**Decision rationale:** Neither the CA MTUS nor the ODG address the use of the BAI. However, the ODG addresses the use of the BDI, which will be used as a related reference for this case. Based on the review of the medical records, the claimant had been receiving psychotherapy services in 2013, which were discontinued in October 2013. Since that time, the claimant's psychiatric symptoms of depression have increased and her functioning has regressed. The use of periodic test measurements such as the BAI or the BDI is helpful and often recommended, but necessary. When they are utilized by clinicians, they are typically included with the psychotherapy services. As a result, a separate request for the Beck Anxiety Inventory (BAI) is not reasonable and therefore, the request is not medically necessary.

**Beck Depression Inventory (BDI) one time every six (6) weeks for a quantity of 8:**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment in Workman's Compensation (TWC): Mental Illness and Stress Procedure Summary, Evaluation and Management.

**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, BDI® - II (Beck Depression Inventory-2nd edition).

**Decision rationale:** The CA MTUS does not address the use of 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 had been receiving psychotherapy services in 2013, which were discontinued in October 2013. Since that time, the claimant's psychiatric symptoms of depression have increased and her functioning has regressed. The use of periodic test measurements such as the BAI or the BDI is helpful and often recommended, but necessary. When they are utilized by clinicians, they are typically included with the psychotherapy services. As a result, a separate request for the Beck Depression Inventory (BDI) is not reasonable and therefore the request is not medically necessary.