

Case Number:	CM14-0195896		
Date Assigned:	12/03/2014	Date of Injury:	11/10/2003
Decision Date:	01/22/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for major depressive disorder and psychosis reportedly associated with an industrial injury of November 10, 2003. In a Utilization Review Report dated October 23, 2014, the claims administrator denied eight Beck Depression Inventories, denied eight Beck Anxiety Inventories, and denied eight medication management sessions. The claims administrator stated that its decision was based on a psychiatric progress note and associated RFA form of October 14, 2014. The claims administrator stated that the applicant had alleged multifocal pain complaints and depressive symptoms reportedly associated with cumulative trauma at work. The claims administrator stated that the applicant was using Prozac, Wellbutrin, Risperdal, Desyrel, and Xanax. In an orthopedic note dated October 6, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck and low back pain. The applicant was asked to remain off of work until the next visit. Acupuncture was sought. In a September 8, 2014 progress note, the applicant was asked to pursue 12 sessions of chiropractic manipulative therapy while remaining off of work owing to worsening complaints of low back pain. On August 11, 2014, the applicant was, once again, kept off of work from an orthopedic perspective owing to multifocal complaints of low back and neck pain. The applicant seemingly remained off of work during large portions of 2014. A Beck Depression Inventory and Anxiety questionnaire was performed on June 17, 2014, which the applicant acknowledged that she was depressed, was fatigued, had difficulty concentrating, had developed changes in appetite, and had experienced alteration in mood. In a psychiatric progress note of the same date, June 17, 2014, the applicant was given Beck Depression Inventory and Beck Anxiety Inventory scores of 24 and 25, respectively. The note was handwritten and difficult to follow. The applicant did exhibit a visibly depressed mood. Prozac, Wellbutrin, Risperdal, Desyrel, and Xanax were all endorsed.

The applicant was asked to continue her current medication regimen. Authorization for multiple sets of Beck Depression Inventory questionnaires, multiple Beck Depression Anxiety questionnaires, and eight medication management sessions were apparently subsequently sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight Beck Depression Inventory: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 15, page 405, the frequency of psychiatric follow-up visits should be determined by the severity of an applicant's mental health symptoms, whether or not an applicant was referred for further testing and/or psychotherapy, and/or whether or not the applicant is missing work. By implication, the frequency with which the Beck Depression Inventory questionnaires are administered should likewise be contingent on the severity of the applicant's mental health issues. The attending provider's handwritten progress note of June 17, 2014 did not outline the severity of the applicant's mental health issues. It was not clearly stated whether it was the applicant's mental health issues or medical issues which were purportedly disabling here. The request for eight consecutive questionnaires, thus, runs counter to ACOEM principles and parameters as it does not factor into account the fact that the applicant might deteriorate and/or improve over time. If, for instance, the applicant would have presented in the office setting reporting active suicidal ideations and/or active suicidal intent, this would effectively obviate the need for the proposed Beck Depression Inventory survey as the applicant's depressive symptoms would be so blatantly manifested that more surveys would be needed. Similarly, if the applicant reported minimal to no residual depressive symptoms and reported that her psychotropic medications regimen had effectively negated her depressive symptoms, this, too would effectively obviate the need for the proposed eight consecutive Beck Depression Inventory questionnaires. It is further noted that the depression inventory questionnaire, by and large, represent a screening tool. Here, the applicant already has an established diagnosis of depression. The applicant does not need to undergo eight consecutive depression screening questionnaires as a means of measuring progress. Rather, as suggested by ACOEM Chapter 15, page 405, the applicant's severity of symptoms should dictate the need for follow-up visits. Therefore, the request is not medically necessary.

Eight Beck Anxiety Inventory: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 15, page 405, the frequency of follow-up visits and, by implication, the frequency with which the Beck Anxiety Inventory questionnaire is administered, is contingent on the severity of an applicant's symptoms. It is noted, furthermore, that the anxiety inventory questionnaire, like the depression inventory questionnaire, is primarily a screening tool, used to establish diagnosis of anxiety disorder and/or major depressive disorder. In this case, the applicant already has established diagnosis of major depressive disorder and generalized anxiety disorder for which the applicant is using several different psychotropic medications. It is not clear why eight consecutive anxiety inventory questionnaires are needed to monitor the applicant's process over the next eight consecutive office visits. As with the request for the depression inventory questionnaires, the need for administering these questionnaires should be contingent on the applicant's individual severity of symptoms on each office visit that the applicant presents to the attending provider. If, for instance, the applicant presents reporting suicidal ideation, and/or active suicidal intent, this would represent a psychiatric emergency which would effectively obviate the need for an anxiety inventory questionnaire on that date. Similarly, if the applicant presented stating that her depressive and/or anxiety symptoms had been effectively attenuated with various psychotropic medications, this, too, would effectively obviate or negate the need for administering an anxiety inventory questionnaire. Rather, as suggested by ACOEM, an attending provider should allow the applicant's severity of symptoms at the presenting visit to dictate the frequency of visits and, by implication, the decision to administer the inventory questionnaire/inventory survey at issue. Therefore, the request is not medically necessary.

Eight medication management sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 15, page 405, the frequency of follow-up visits should be dictated by an applicant's severity of symptoms. The attending provider's blanket request for 8 consecutive medication management visits does not factor into account the fact that the applicant's mental health issues might be stabilized and that the applicant may need less frequent follow-up visits, such as quarterly, and/or biannual office visits. Conversely, if the applicant's mental health issues deteriorate, the applicant might require many more than eight follow-up visits at a rate of once a month. The request for eight medication management visits, thus, is at odds with ACOEM Chapter 15, page 405, as it does not permit the applicant's individual symptom severity to dictate the frequency of follow-up visits. Therefore, the request is not medically necessary.