

Case Number:	CM14-0203659		
Date Assigned:	12/16/2014	Date of Injury:	02/22/2011
Decision Date:	02/04/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/05/2014

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 Psychologist (PHD, PSYD) 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 injured worker is a 64 year-old male [REDACTED] with a date of injury of 2/22/2011. The injured worker sustained injury to his back as the result of engaging in his usual and customary job duties as an RN [REDACTED]. It is also reported that the injured worker developed psychiatric symptoms of depression secondary to his work-related orthopedic injury and pain. In his "Psychiatric PTP Progress Report and Chart Note" dated 11/10/14, [REDACTED] noted subjective complaints of anxiety, depression, diminished energy, irritability, low self-esteem, periods of crying, and sleep disturbance. Objective findings were noted to be anxious, depressed, obvious physical discomfort, and poorly groomed. [REDACTED] diagnosed the injured worker with Major Depression. He indicated that the injured worker is prescribed Wellbutrin and Trazadone. The dosages were difficult to discern in the handwritten report. The injured worker scored a 13 on the BDI and a 4 on the BAI. The requests under review are for the following: Administration of the BDI once weekly for 6 weeks; Administration of the BAI once weekly for 6 weeks; Medication management every 4 weeks for 1 year; and Psychotherapy weekly for 1 year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Beck Depression Inventory 1x Wk x 6Wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluation Page(s): 100. Decision based on Non-MTUS Citation ODG, Psychotherapy Guidelines

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 BDI therefore; the Official Disability Guideline regarding the use of the BDI will be used as reference for this case. In the most recent report from [REDACTED] dated 11/10/14, there is not enough information to substantiate the need for additional BDI administrations on a weekly basis. The request for 6 weekly administrations of the BDI appear excessive and not reasonable. As a result, the request for the "Beck Depression Inventory 1x Wk x 6Wks" is not medically necessary. It is noted that the injured worker was authorized for 1 BDI administration as the result of a separate request made at the same time as the present request.

Beck Anxiety Inventory 1x Wk x 6Wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation. Decision based on Non-MTUS Citation ODG, Psychotherapy Guidelines

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 BAI therefore, the Official Disability Guideline regarding the use of the BDI will be used as reference for this case as it the most similar type of assessment to the BAI. In the most recent report from [REDACTED] dated 11/10/14, there is not enough information to substantiate the need for additional BAI administrations on a weekly basis. The request for 6 weekly administrations of the BAI appears excessive and not reasonable. As a result, the request for the "Beck Anxiety Inventory 1x Wk x 6Wks" is not medically necessary. It is noted that the injured worker was authorized for 1 BDI administration as the result of a separate request made at the same time as the present request.

Medication Management 1x Every 4weeks For 1 Year: Upheld

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

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 medication management sessions therefore, the Official Disability Guideline regarding the use of office visits will be used as reference for this case. In the most recent report from [REDACTED] dated 11/10/14, the injured worker continued to exhibit psychiatric symptoms in need of treatment. However, the request for 12 medication management sessions (once every 4 weeks for 1 year) is excessive, presumptive, and not reasonable. As a result, the request for "Medication Management 1x every 4weeks for 1 Year" is not medically necessary. It is noted that the injured worker was authorized for 2 medication management sessions (1X every 4 weeks for 8 weeks) as the result of a separate request made at the same time as the present request.

Psychotherapy 1xwk X 1 Year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100. Decision based on Non-MTUS Citation ODG, Psychotherapy Guidelines

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 treatment of depression therefore; the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. In the most recent report from [REDACTED] dated 11/10/14, the injured worker continued to exhibit psychiatric symptoms in need of treatment. However, the request for weekly psychotherapy for one year is excessive and does not follow the recommended number of sessions set forth by the ODG. As a result, the request for "Psychotherapy 1xwk X 1 Year" is not medically necessary. It is noted that the injured worker was authorized for 6 psychotherapy sessions once per week as the result of a separate request made at the same time as the present request.