

Case Number:	CM15-0109517		
Date Assigned:	06/16/2015	Date of Injury:	01/19/2012
Decision Date:	07/20/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Psychologist

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 27 year old male, who sustained an industrial injury on 01/19/2012. He has reported subsequent right shoulder and low back pain and was diagnosed with right shoulder and low back sprain/strain. The injured worker also developed anxiety and depression and was diagnosed with major depressive disorder and pain disorder associated with psychological factors and a general medical condition. Treatment to date has included medications, aqua therapy, surgery and psychotherapy. In a progress note dated 01/13/2015, the injured worker complained of anxiety, depression, panic attacks, sleep disturbance and social withdrawal. Objective findings were notable for anxiety and depression. Beck depression score was 52 and anxiety score was 43. Part of the progress notes is illegible. A request for authorization of Beck depression inventory 1x/week x 6 weeks and Beck anxiety inventory 1x/week x 6 weeks was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Beck depression inventory, 1 x every 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation <http://www.ncbi.nih.gov/pmc/articles/PMC3224107>.

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 Beck Depression Inventory (BDI).

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological and psychiatric medication management services for the treatment of depression and anxiety. The most recent psychological record, dated January 2015, reports continued symptoms. It is recommended that the injured worker continue to receive psychological services. The request under review, completion of the BDI, 1X every 6 weeks, is to coincide with further treatment. Unfortunately, the information presented for review is limited and fails to present an appropriate rationale for additional administrations of the BDI. Without sufficient information to substantiate the request, the request for Beck Depression Inventory, 1x every 6 weeks, is not medically necessary.

Beck anxiety inventory, 1 x every 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation <http://www.ncbi.nih.gov/pmc/articles/PMC3224107>.

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 Beck Depression Inventory (BDI).

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological and psychiatric medication management services for the treatment of depression and anxiety. The most recent psychological record, dated January 2015, reports continued symptoms. It is recommended that the injured worker continue to receive psychological services. The request under review, completion of the BAI, 1X every 6 weeks, is to coincide with further treatment. Unfortunately, the information presented for review is limited and fails to present an appropriate rationale for additional administrations of the BAI. Without sufficient information to substantiate the request, the request for Beck Anxiety Inventory, 1x every 6 weeks, is not medically necessary.