

Case Number:	CM15-0131090		
Date Assigned:	07/17/2015	Date of Injury:	05/04/2004
Decision Date:	08/18/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/07/2015

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:

This 71 year old female sustained an industrial injury to the cervical spine, lumbar spine, right shoulder, right knee and bilateral hips on 5/4/04. The injured worker was currently receiving ongoing care for depression with psychiatric care and cognitive behavioral therapy. In a psychiatric progress note dated 6/1/15, the injured worker stated that she was feeling better after a recent increase of Prilosec and Elavil. The injured worker complained of anxiety, depression, diminished energy, irritability, low self-esteem, periods of crying and sleep disturbance. The physician noted that objective findings included obvious physical discomfort with tearfulness, a depressed mood, Beck depression inventory score 17 and Beck anxiety inventory score 28. Current diagnoses included major depressive disorder single episode and pain disorder associated with both psychological factors and a general medical condition. On 6/19/15, a request for authorization was submitted for psychotherapy once a week twelve weeks, Beck Depression Inventory once every 6 weeks and Beck Anxiety Inventory once every 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy: one (1) per week for twelve (12) weeks: 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 and Stress, Cognitive Therapy for Depression.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving both psychiatric and psychological services for several years. In the 6/1/15 progress report, treating psychiatrist, [REDACTED], recommended further psychotherapy services, for which the request under review is based. Unfortunately, there are no psychological medical records included for review. It appears that the injured worker had been receiving psychotherapy treatment from [REDACTED], a colleague for [REDACTED]. Since there is no information about those services, it is unclear as to the number of completed sessions within the last year as well as the progress that was made in those sessions. The ODG recommends "up to 13-20 visits...is progress is being made." Without more information about prior services, the need for any additional treatment cannot be determined. As a result, the request for 12 psychotherapy sessions is not medically necessary. It is noted that the injured worker received a modified authorization for 6 sessions in response to this request.

Beck Anxiety Inventory: one (1) every (6) weeks: 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 and Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) BDI (Beck Depression Inventory).

Decision rationale: Based on the review of the medical records, the injured worker has been receiving both psychiatric and psychological services for several years. In the 6/1/15 progress report, treating psychiatrist, [REDACTED], recommended further psychotherapy services as well as additional administrations of the BAI and the BDI, which the request under review is based. The ODG does not address the use of the BAI, however, it does address the use of the BDI. It recommends the use of the BDI as a "first line option" during an initial evaluation, but not as a "stand-alone" measure. Many physicians, including [REDACTED], tend to utilize both the BDI and BAI to evaluate treatment. Although this may be helpful, the request under review is too vague and does not indicate an exact number of administrations. Without this information, the request for use of the Beck Anxiety Inventory one not every 6 weeks is medically necessary.

Beck Depression Inventory: one (1) every (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BDI - II (Beck Depression Inventory-2nd edition).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Beck Depression Inventory (BDI).

Decision rationale: Based on the review of the medical records, the injured worker has been receiving both psychiatric and psychological services for several years. In the 6/1/15 progress report, treating psychiatrist, [REDACTED], recommended further psychotherapy services as well as additional administrations of the BAI and the BDI, which the request under review is based. The ODG recommends the use of the BDI as a "first line option" during an initial evaluation, but not as a "stand-alone" measure. Many physicians, including [REDACTED], tend to utilize both the BDI and BAI to evaluate treatment. Although this may be helpful, the request under review is too vague and does not indicate an exact number of administrations. Without this information, the request for use of the Beck Depression Inventory one every 6 weeks is not medically necessary.