

Case Number:	CM15-0143425		
Date Assigned:	08/04/2015	Date of Injury:	09/10/2010
Decision Date:	09/01/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/23/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 51 year old male who sustained an industrial roll over motor vehicle accident injury on 09-10-2010. The injured worker was diagnosed with post-traumatic stress disorder, compression fracture at T10 and L1, left clavicle fracture, adhesive capsulitis, dental injuries, psychological factors and iatrogenic narcotic addiction. The injured worker is status post repair of the clavicular fracture in 2010. Treatment to date has included diagnostic testing, surgery, physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit, psychiatric and psychological sessions, stress management, cognitive behavioral therapy (CBT) and medications. According to the primary treating physician's progress report on June 8, 2015 the injured worker continues to experience anxiety, depression, impaired concentration, irritability, nightmares, sleep disturbances and social withdrawal. Objective findings were noted as anxious, depressed and having physical discomfort. The injured worker ambulates with a cane. The Beck Depression Inventory (BDI) was documented at 25 and the anxiety level was 19 (no test date documented). The injured worker rates his pain level at 4-6 out of 10. Current medications are listed as Morphine Sulfate 30mg four times a day, MsContin 60mg ER, Fentora 4mcg, Linzess, Alprazolam and Prazosin. Treatment plan consists of follow-up medication management, continuing with home exercise program regularly, transcutaneous electrical nerve stimulation (TEN's) unit, consider spine surgeon consultation, consider intrathecal pump, and the current request for Beck Anxiety Inventory (BAI) and Beck Depression Inventory (BDI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Beck depression inventory: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Mental Illness & Stress Procedure Summary Online Version last updated 03/25/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation BDI ® - II (Beck Depression Inventory-2nd edition) <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines Beck Depression Inventory, "Recommended as a first-line option psychological test in the assessment of chronic pain patients. See Psychological evaluations. Intended as a brief measure of depression, this test is useful as a screen or as one test in a more comprehensive evaluation, can identify patients needing referral for further assessment and treatment for depression. Strengths: Well-known, well researched, keyed to DSM-IV criteria, brief, appropriate for ages 13-80. Weaknesses: Limited to assessment of depression, easily faked. Scale is unable to identify a non-depressed state, and is thus very prone to false positive findings, should not be used as a stand-alone measure, especially when secondary gain is present. (Bruns, 2001)" According to the patient file, he was diagnosed with depression and anxiety. His BDI improved from 32 to 25. BDI testing is indicated for this patient to monitor his progress. However, the frequency of testing cannot be predetermined and will depend on his progression. Therefore, the request for Beck depression inventory is not medically necessary.

Beck anxiety inventory: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Mental Illness & Stress Procedure Summary Online Version last updated 03/25/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation BDI ® - II (Beck Depression Inventory-2nd edition) <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines Beck Depression Inventory, "Recommended as a first-line option psychological test in the assessment of chronic pain patients. See Psychological evaluations. Intended as a brief measure of depression, this test is useful as a screen or as one test in a more comprehensive evaluation can identify patients needing referral for further assessment and treatment for depression. Strengths: Well-known, well researched, keyed to DSM-IV criteria, brief, appropriate for ages 13-80. Weaknesses: Limited to assessment of depression, easily faked. Scale is unable to identify a non-depressed state, and is thus very prone to false positive findings, should not be used as a stand-alone measure, especially when secondary gain is present. (Bruns, 2001)"

According to the patient file, he was diagnosed with depression and anxiety. His Beck anxiety inventory improved from 22 to 19. BAI testing is indicated for this patient to monitor his progress. However, the frequency of testing cannot be predetermined and will depend on his progression. Therefore, the request for Beck anxiety inventory is not medically necessary.