

<b>Case Number:</b>	CM15-0147184		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	11/08/1994
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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 66 year-old female who sustained an industrial injury on 11-08-1994. She reported lumbar spine pain. Initial diagnoses included lumbosacral strain. Prior treatment included cervical and lumbar surgery. Current diagnoses include sciatica, lumbar degenerative disc disease, major depressive disorder and pain disorder. Diagnostic testing and treatment to date has included physical therapy, psychotherapy, and symptomatic medication management. Currently, the injured worker complains of depression and sleep disturbance due to pain. The treating provider reports she is tearful with low mood, and affect is restricted. Requested treatments include medication management sessions, quantity: 4, Beck depression inventory, quantity: 4, Beck anxiety inventory, quantity: 4. The injured worker's status is not addressed. Date of Utilization Review: 07-28-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication management sessions, quantity: 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness & Stress (Office visits) (2015).

**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: Office Visits.

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving psychotropic medication management services from [REDACTED] approximately every 6 weeks as a result of continuation of treatment for an unknown period of time. The visits also include the administration of a [REDACTED] and [REDACTED]. Unfortunately, the included progress notes are fairly illegible and difficult to decipher. Considering that the injured worker has been receiving treatment fairly consistently for an extended period of time, it is unclear as to why she needs to continue to receive follow-up visits every 6 weeks instead of transitioning her care to a maintenance phase of treatment in which follow-up office visits are completed less often. As a result, the request for an additional 4 medication management sessions (every 6 weeks) is not reasonable. Therefore, the request is not medically necessary.

**Beck depression inventory, quantity: 4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness & Stress (Beck Depression Inventory) (2015).

**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 psychotropic medication management services from [REDACTED] approximately every 6 weeks as a result of continuation of treatment for an unknown period of time. The visits also include the administration of a [REDACTED] and [REDACTED]. Unfortunately, the included progress notes are fairly illegible and difficult to decipher. Considering that the injured worker has been receiving treatment fairly consistently for an extended period of time, it is unclear as to why she needs to continue to receive follow-up visits every 6 weeks, including administrations of the [REDACTED] and [REDACTED] instead of transitioning her care to a maintenance phase of treatment in which follow-up office visits are completed less often. As a result, the request for an additional 4 [REDACTED] administrations (every 6 weeks) is not reasonable. Therefore, the request is not medically necessary.

**Beck anxiety inventory, quantity: 4: 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: Beck Depression Inventory (BDI).

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving psychotropic medication management services from [REDACTED] approximately every 6 weeks as a result of continuation of treatment for an unknown period of time. The visits also include the administration of a [REDACTED] and [REDACTED]. Unfortunately, the included progress notes are fairly illegible and difficult to decipher. Considering that the injured worker has been receiving treatment fairly consistently for an extended period of time, it is unclear as to why she needs to continue to receive follow-up visits every 6 weeks, including administrations of the [REDACTED] and [REDACTED] instead of transitioning her care to a maintenance phase of treatment in which follow-up office visits are completed less often. As a result, the request for an additional 4 [REDACTED] administrations (every 6 weeks) is not reasonable. Therefore, the request is not medically necessary.