

Case Number:	CM15-0164369		
Date Assigned:	09/10/2015	Date of Injury:	01/31/2012
Decision Date:	10/13/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/21/2015

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 54 year old male, who sustained an industrial injury on January 31, 2012. The injured worker was diagnosed as having major depressive disorder and pain disorder associated with both psychological factors and a general medical condition. Documentation from a psychotherapy session on July 6, 2015 reveals the injured worker had a Beck Depression Inventory (BDI) score of 43 and a Beck Anxiety Inventory (BAI) score of 28. He was stabilizing and doing fairly well on his medication regimen and was maximally medicated. The injured worker's BDI score on May 19, 2015 was 46 and his BAI was 29. The physical examination noted that his condition was unchanged. His BDI score on May 11, 2015 was 46 and his BAI was 20. His symptoms included anxiety, depression, impaired concentration, irritability, impaired memory and suicidal ideation. Treatment to date has included anti-depressant medications, anti-anxiety medications, and psychotherapy. A request was received on July 15, 2015 for Beck Depression Inventory once every ten weeks and Beck Anxiety Inventory once every ten weeks. The Utilization Review physician determined that the request for Beck Depression Inventory once every ten weeks and Beck Anxiety Inventory once every ten weeks was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Beck depression inventory once every 10 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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: BDI-II (Beck Depression Inventory - 2nd edition).

Decision rationale: Based on the review of the medical records, the injured worker has been participating in psychotropic medication management services with [REDACTED]. As part of [REDACTED] medication management office visits, both the BDI and BAI are used regularly as assessment tools. Although the data from these tools can be helpful initially, the use of them on an ongoing basis is not mandatory. The ODG recommends using the BDI as a first line option, initial screening tool for depression. However, it is not reliable as an ongoing assessment tool as it can be easily faked and the scale is unable to identify a non-depressed state, thus making the results prone to false positives. If the BDI and/or the BAI are to be used for ongoing assessment, it is suggested that they be included as part of the office visits and not billed as a separate procedure. As a result, the request for a Beck Depression Inventory once every 10 weeks is not medically necessary.

Beck anxiety inventory once every 10 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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: BDI-II (Beck Depression Inventory - 2nd edition).

Decision rationale: Based on the review of the medical records, the injured worker has been participating in psychotropic medication management services with [REDACTED]. As part of [REDACTED] medication management office visits, both the BDI and BAI are used regularly as assessment tools. Although the data from these tools can be helpful initially, the use of them on an ongoing basis is not mandatory. The ODG recommends using the BDI as a first line option, initial screening tool for depression. However, it is not reliable as an ongoing assessment tool as it can be easily faked and the scale is unable to identify a non-depressed state, thus making the results prone to false positives. If the BDI and/or the BAI are to be used for ongoing assessment, it is suggested that they be included as part of the office visits and not billed as a separate procedure. As a result, the request for a Beck Anxiety Inventory once every 10 weeks is not medically necessary.