

Case Number:	CM15-0167504		
Date Assigned:	09/08/2015	Date of Injury:	10/23/1991
Decision Date:	10/14/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/25/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 72-year-old female, who sustained an industrial injury on 10-23-1991. The mechanism of injury was not provided. The injured worker was diagnosed as having major depressive disorder-recurrent severe with psychotic features and psychological symptoms. Radiology studies were not provided. Treatment to date has included therapy and medication management. A recent progress report dated 5-21-2015, reported the injured worker reported stable mood, depression and anxiety. Physical examination revealed conflicted affect. The physician is requesting 8 E&M with medication management, 1 beck depression inventory and 1 beck anxiety inventory.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 E&M with medication management: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

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 & Stress/ Office visits.

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." The injured worker has been diagnosed with major depressive disorder-recurrent severe with psychotic features and psychological symptoms. Progress report dated 5-21-2015, reported the injured worker reported stable mood, depression and anxiety. She is being prescribed Paxil, Klonopin and Ambien. Medications such as Klonopin and Ambien are not indicated for long- term use per the guidelines. The request for 8 E&M with medication management is excessive and not medically necessary.

1 beck depression inventory: 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, Office Visits.

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/Psychological evaluations.

Decision rationale: ODG states, "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in sub acute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated." The request for 1 beck depression inventory is not medically necessary as there is no clinical indication for this psychological evaluation in this case. The guidelines suggest that these evaluations should be used only for diagnostic purposes or to determine if further psychosocial interventions are indicated.

1 beck anxiety inventory: 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/Psychological evaluations.

Decision rationale: ODG states, "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in sub acute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated." The request for 1 beck anxiety inventory is not medically necessary as there is no clinical indication for this psychological evaluation in this case. The guidelines suggest that these evaluations should be used only for diagnostic purposes or to determine if further psychosocial interventions are indicated.