

Case Number:	CM15-0185229		
Date Assigned:	09/25/2015	Date of Injury:	05/26/1996
Decision Date:	11/06/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/21/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 49 year old male who sustained an industrial injury on 05/26/1996. Diagnoses include major depressive disorder, single episode moderate, psychological symptoms affecting medical condition, status post lumbar fusion L5-S1 with mechanical low back pain, and multilevel lumbar discopathy. Treatment to date has included psychotherapy and medications. A PR2 of 07/31/2015 indicated that overall the patient is doing well. Low back pain level is manageable at a constant 5/10, and right leg pain 7/10. He denies any radicular symptomology. He is not attending any form of therapy at this time. He does walking exercises and home stretching exercises, all of which are beneficial. Medications were Ultram and Norco, both were helping. He is presently not working. There is a PR2 of 08/18/2015. The patient complained of anxiety, depression, sleep disturbance, and social withdrawal. Objective findings are anxious, depressed, Beck Depression Inventory 52 and Beck Anxiety 49. His Beck Depression and Beck Anxiety inventories have remained relatively the same in records provided. On 05/11/2015 BDI=51, BAI was illegible. On 07/07/2015 BDI=51, BAI=49. The handwritten note indicated increase in MDD and GAD symptoms over his situation, unable to work or advance in life. He has seen therapists in the past without benefit but was willing to try again. Current psychiatric medications include Effexor XR 150mg, Klonopin 0.5mg 3 times per week, Viagra 50mg prn, Wellbutrin 150mg BID, and Ambien 10mg twice per week. CBT and continuation of all medications was requested. UR of 08/25/2015 noncertified CBT quantity 6, modified certification for Beck anxiety inventory quantity 6 to 1 over three months and Beck depression inventory quantity 6 to 1 over three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy Qty: 6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: Psychological intervention is recommended during treatment for chronic pain and has shown efficacy on both pain management and comorbid mood disorders. MTUS guidelines recommend an initial trial of 3-4 visits to determine objective functional improvement. Steps include identification of concerns, interventions emphasizing self-management, and continued assessment of goals with potential further treatment options should they be required. The patient's diagnoses include major depressive disorder, single episode moderate, psychological symptoms affecting medical condition, and he has chronic pain. His Beck inventories are consistently in the severe range, he is on two antidepressants, and continues to be symptomatic. CBT is indicated and this request is medically necessary.

Beck anxiety inventory Qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

Decision rationale: The Beck Anxiety Inventory rates subjective symptoms of anxiety, and may be used over time to monitor efficacy of treatment during psychotherapy or medication management visits. It is most helpful when administered at the beginning of treatment to establish a baseline, then re-administered periodically to evaluate the patient's current status. The BAI has been administered at each past medication management visit. It is reasonable to request certification for the Beck Inventory, but QTY: 6 is excessive. This request is therefore not medically necessary.

Beck depression inventory Qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

Decision rationale: The Beck Depression Inventory rates subjective symptoms of depression, and may be used over time to monitor efficacy of treatment during psychotherapy or medication management visits. It is most helpful when administered at the beginning of treatment to establish a baseline, then re-administered periodically to evaluate the patient's current status. The BDI has been administered at each past medication management visit. It is reasonable to request certification for the Beck Inventory, but QTY: 6 is excessive. This request is therefore not medically necessary.