

Case Number:	CM15-0191081		
Date Assigned:	10/05/2015	Date of Injury:	09/15/2011
Decision Date:	11/19/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/29/2015

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, 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:

This is a 48-year-old female with a date of industrial injury 09/15/2011 involving verbal and sexual harassment. She was treated for major depression, single episode moderate to severe non-psychotic, chronic, binge eating disorder, GI distress, obesity, and psychosocial stressors. She has a history of two psychiatric hospitalizations for suicidal ideation, the last admission on 06/01/2015. At that time she was on Cymbalta, Wellbutrin XL, and Ativan. She is s/p thyroidectomy in 2009 and MVA in 2013. UR of 07/13/15 certified four medication management sessions Q6 weeks over six months, four Beck Depression Inventories, and four Beck Anxiety Inventories. In a comprehensive medical legal psychiatric evaluation of psychiatric of 07/21/15 she had GI complaints of burning especially after meals, headaches, depression with sad moods and frequent crying spells, binge eating, irritability, frequent nightmares, intermittent chest pain and palpitations. She endorsed fleeting suicidal ideation without intent or plan. She was poorly groomed and felt massively overwhelmed, mood was moderately to severely depressed. Her Beck Depression Inventory was 48 and Anxiety Inventory was 30, both in the severe range. Her judgment was impaired and thought process was disjointed and ruminative. The patient reported urinary retention due to Cymbalta. She received psychotherapy and medication management twice per month. She was temporarily totally disabled. This same request was made on 09/02/15, and noncertified on 09/10/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management every one to three months on an indefinite basis: 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 and Stress Chapter, Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Office Visits.

Decision rationale: Office visits are recommended. The frequency and number should be individualized based on the patient's clinical situation stability, current medications, reasonable physician judgment, and current condition. UR of 07/13/15 certified six sessions but it appears that only one has been used on 09/02/15, at the time of the RFA, leaving five outstanding. This request is therefore not medically necessary.

Beck depression inventory one time every six weeks (duration not specified): 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 is a scale by which the patient rates subjective symptoms of depression and may be used over time to monitor efficacy of treatment during psychotherapy or medication management visits. UR of 07/13/15 certified four BDI's. Only one appears to have been used to date, leaving three outstanding. This request is not medically necessary.

Beck anxiety inventory one time every six weeks (duration not specified): 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 is a scale by which the patient rates subjective symptoms of anxiety and may be used over time to monitor efficacy of treatment during psychotherapy or medication management visits. UR of 07/13/15 certified four BAI's. Only one appears to have been used to date, leaving three outstanding. This request is not medically necessary.