

Case Number:	CM15-0191944		
Date Assigned:	10/06/2015	Date of Injury:	05/09/2013
Decision Date:	11/13/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application	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

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 63 year old female, who sustained an industrial injury on May 9, 2013, by allegedly being harassed by a co-worker causing anxiety, palpitations and post-traumatic stress disorder. Treatment included psychotherapy, antidepressants, anti-anxiety medications, and sleep aides. Currently, the injured worker complained of sleeping poorly, increased stress causing high anxiety. She noted increased loneliness, depression and anxiety. She was noted to be tearful, socially isolated and stayed indoors all day. She was diagnosed with major depression. The treatment plan that was requested for authorization on September 29, 2015, included four medication management visits, BECK depression inventory, quantity four; and BECK anxiety inventory, quantity four. On September 21, 2015, a request for four medication management visits was modified to one visit, four BECK depression inventory was modified to one visit and four BECK anxiety inventory was modified to one visit by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management visits, Qty 4: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Follow-up, and Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Office visits.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Follow-up.

Decision rationale: A request was made for 4 sessions of medication management, 4 administrations of the Beck Depression Inventory, and 4 administrations of the Beck Anxiety Inventory; the request was partially certified to allow for 1 session of medication management and 1 administration of both assessment tools. This IMR will address a request to overturn the utilization review modifications. Regarding the request for 4 sessions of psychotropic medication, the current treatment guidelines recommend that follow-up visits be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a crucial role in the proper diagnosis and returned a function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines 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 the eventual patient independence from the health care system through self-care as soon as clinically feasible. The provider is requesting 4 sessions of psychotropic medication management in order to avoid interruption in treatment. The patient should be carefully monitored due to the medications he is taking. Based on this discussion, the request for 4 sessions of psychotropic medication management is recommended certified. The medical necessity for 4 psychiatric visits is not established by the provided documentation. According to the provided medical records the patient is currently diagnosed with Major Depressive Disorder and has been prescribed Wellbutrin, Xanax, and Ambien. Is not clearly stated how many psychiatric follow-up visits she has received to date. According to a March 11, 2015 psychological re-evaluation of an updated diagnosis was provided of: Unspecified Depressive Disorder, with anxiety and some PTSD features; Psychological Factors affecting another medical condition (depression and anxiety aggravated cardiac condition, hyperacusis, mysophonia, and gastrointestinal symptoms). She was prescribed the medication Zoloft in addition to the Wellbutrin but had to discontinue the Zoloft due to gastrointestinal aggravation. Subsequent to the discontinuation of Zoloft her depression is reported to have worsened. At this juncture, the patient appears to received a significant but unknown quantity of psychiatric consultation. She appears to be based on the medical records so provided stable on her current medication regime. Although periodic medication management follow-up appears to be appropriate and medically necessary the need for 4 sessions appears to be excessive and not medically necessary. Utilization review authorized one follow-up visit noting that additional sessions will be contingent upon outcome information regarding the prior follow-up visit. Because medical necessity of four visits is not established and utilization review decision is upheld. Therefore, the request is not medically necessary.

BECK depression inventory, Qty 4: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Follow-up, and Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Stress and Illness chapter, topic: Beck Depression Inventory-II. August 2015 update.

Decision rationale: The CA-MTUS is silent with regards to this assessment tool other than in the context of a comprehensive psychological evaluation. The Official Disability guidelines state that it is recommended as a first line option psychological test to be used in the assessment of chronic pain patients. Intended as a brief measure of depression, this test is useful as a screen or as one test in a more comprehensive evaluation. Can identify patients needing referral for further assessment and treatment for depression. Strengths: well-known, well researched, keyed to DSM criteria, brief, appropriate for ages 13-20. Weaknesses: limited to assessment of depression, easily faked, scale is unable to identify a non-depressed state, and thus is very prone to false positive findings. Should not be used as a stand-alone measure, especially when secondary gain is present. Decision because the medical necessity of the requested psychiatric medication management follow-up visits was not established the need for these assessment tools which would be tracking patient response to those treatment sessions is not necessary as well and therefore the utilization review decision to modify the request and allow one administration of the Beck depression inventory is upheld.

BECK anxiety inventory, Qty 4: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Follow-up, and Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines: 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 Stress and Illness chapter, topic: Beck Depression Inventory-II. August 2015 update.

Decision rationale: The CA-MTUS is silent with regards to this assessment tool. It does mention the use of the Beck Depression inventory which is a similar self-administered brief questionnaire other than in the context of a comprehensive psychological evaluation. Both tests were standardized in a similar manner, have similar psychometric properties and both are self-administered 21 item questionnaires. Therefore, the industrial guidelines the Beck Depression Inventory will be used for this request. The Official Disability guidelines state that the BDI is recommended as a first line option psychological test to be used in the assessment of chronic pain patients. Intended as a brief measure of depression, this test is useful as a screen or as one test in a more comprehensive evaluation. Can identify patients needing referral for further assessment and treatment for depression. Strengths: well-known, well researched, keyed to DSM criteria, brief, appropriate for ages 13-20. Weaknesses: limited to assessment of depression, easily faked, scale is unable to identify a non-depressed state, and thus is very prone to false positive findings. Should not be used as a stand-alone measure, especially when secondary gain is present. Unlike the Beck Depression Inventory, the Beck Anxiety Inventory is not referenced in either the MTUS or the ODG specifically. Decision: because the medical necessity the requested psychiatric medication management follow up visits to was not established, the need for these assessment tool administrations, which would be tracking patient response to those treatment sessions, is not necessary as well. Therefore the utilization review decision to modify the request to allow for one administration of the Beck Anxiety Inventory is upheld.