

Case Number:	CM15-0209435		
Date Assigned:	10/28/2015	Date of Injury:	12/20/2011
Decision Date:	12/17/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/23/2015

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 was a 54 year old female, who sustained an industrial injury, December 20, 2011. The injured worker was undergoing treatment for major depressive disorder, insomnia, partner relational problem, pain disorder associated with both psychological factors and a general medical condition, cervical and lumbar pain. According to progress note of April 29, 2015, the injured worker had a psychiatric evaluation recommended outpatient cognitive behavioral psychotherapy for a total of 20 sessions and psychoactive mediation with psychiatric visits 1-3 months for the next year. The Beck's depression and Beck's anxiety test was completed at this visit. According to the progress note of September 10, 2015, the injured worker's mood was fair. The Xanax was helping with sleep and the anxiety. The injured worker was negative for suicidal ideations. The injured worker denied medication side effects. The progress note of September 1, 2015, the injured worker was complaining of insomnia. The injured worker denied suicidal ideations and medication side effects. The injured worker continued pain of the cervical spine and lumbar spine, muscle spasms and neuropathic pain. The injured worker previously received the following treatments Ambien, Zoloft, Xanax, Clonazepam, Gabapentin, Abilify, Wellbutrin, Cymbalta, Remeron discontinued, Naproxen, Nortriptyline and Neurontin. The RFA (request for authorization) dated September 1, 2015; the following treatments were requested Beck's depression inventory for 4 sessions over 4 months, Beck anxiety inventory over 4 months. The UR (utilization review board) denied certification on October 9, 2015; for Beck's depression inventory for 4 sessions over 4 months, Beck anxiety inventory over 4 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Beck Depression Inventory 4x Sessions Over 4x Months: Upheld

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

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 that 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 subacute 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 injured worker was undergoing treatment for major depressive disorder, insomnia, partner relational problem, pain disorder associated with both psychological factors and a general medical condition, cervical and lumbar pain. She has been undergoing treatment in form of cognitive behavioral psychotherapy and treatment with psychotropic medications. The request for Beck Depression Inventory 4x sessions over 4x months is excessive and not medically necessary as Psychological evaluations are generally accepted for diagnostic evaluations which help distinguish between conditions that are preexisting, aggravated by the current injury or work related or to determine if further psychosocial interventions are indicated. The use of continued Beck Depression Inventory scale is being used to monitor the progress per the guidelines, which is not indicated. Thus, the request for Beck Depression Inventory 4x sessions over 4x months is excessive and not medically necessary.

Beck Anxiety Inventory 4x Sessions Over 4x Months: Upheld

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

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 that 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 subacute 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 injured worker was undergoing treatment for major depressive disorder, insomnia, partner relational problem, pain disorder associated with

both psychological factors and a general medical condition, cervical and lumbar pain. She has been undergoing treatment in form of cognitive behavioral psychotherapy and treatment with psychotropic medications. The request for Beck Depression Inventory 4x sessions over 4x months is excessive and not medically necessary as Psychological evaluations are generally accepted for diagnostic evaluations which help distinguish between conditions that are preexisting, aggravated by the current injury or work related or to determine if further psychosocial interventions are indicated. The use of continued Beck Anxiety Inventory scale is being used to monitor the progress per the guidelines, which is not indicated. Thus, the request for Beck Anxiety Inventory 4x sessions over 4x months is excessive and not medically necessary.