

Case Number:	CM15-0211480		
Date Assigned:	10/30/2015	Date of Injury:	08/31/2008
Decision Date:	12/23/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/27/2015

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 71 year old female, who sustained an industrial injury on 08-31-2008. The injured worker is currently off work as of 06-12-2015. Medical records indicated that the injured worker is undergoing treatment for major depressive disorder and pain disorder. Treatment and diagnostics to date has included home exercise program and medications. Recent medications have included Celexa, Doxepin, Ativan, Klonopin, Ambien, and Neurontin. Subjective data (09-15-2015), included anxiety, depression, and sleep disturbance. Objective findings (09-15-2015) included anxiety and tearfulness with the injured worker noted as feeling "better" with "decreased depression since increasing Celexa". The request for authorization dated 08-20-2015 requested cognitive behavioral therapy 1x week x 6 weeks, Beck anxiety inventory 1x week x 6 weeks, and Beck depression inventory 1x week x 6 weeks. The Utilization Review with a decision date of 10-14-2015 modified the request for medication management (4) 1 times weekly for every 6 weeks for 6 months to medication management once a month for 6 months and non-certified the request for Beck depression inventory and Beck anxiety inventory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management (4) 1 times weekly every 6 weeks for 6 months: Overturned

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 and pain disorder. She has been treated with medications including Celexa, Doxepin, Ativan, Klonopin, Ambien, and Neurontin. Per progress report dated 9/15/15, she presented with subjective complaints of anxiety, depression, and sleep disturbance. Objective findings included anxiety and tearfulness and decreased depression since increasing Celexa. The request for medication management (4) 1 times weekly every 6 weeks for 6 months is medically necessary for continued treatment of the psychological symptoms being experienced by the injured worker. It is noted that she has been responding well to the dose titrations and thus the request is medically necessary.

Beck depression inventory: 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 has been diagnosed with major depressive disorder and pain disorder and has been undergoing psychotherapy treatment. Per ODG guidelines, psychological evaluations are recommended to distinguish between conditions that are preexisting, aggravated by the current injury or work related or to determine if further psychosocial interventions are indicated. Guidelines do not recommend it to monitor progress and thus the request for additional Beck depression inventory is not medically necessary.

Beck anxiety inventory (4) 1 times weekly for every 6 weeks for 6 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 has been diagnosed with major depressive disorder and pain disorder and has been undergoing psychotherapy treatment. Per ODG guidelines, psychological evaluations are recommended to distinguish between conditions that are preexisting, aggravated by the current injury or work related or to determine if further psychosocial interventions are indicated. Guidelines do not recommend it to monitor progress and thus the request for additional Beck anxiety inventory (4) 1 times weekly for every 6 weeks for 6 months is not medically necessary.