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| Case Number: | CM15-0216491 | | |
| Date Assigned: | 11/06/2015 | Date of Injury: | 03/01/2007 |
| Decision Date: | 12/24/2015 | UR Denial Date: | 10/09/2015 |
| Priority: | Standard | Application Received: | 11/03/2015 |

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for major depressive disorder (MDD) reportedly associated with an industrial injury of March 12, 2007. In a Utilization Review report dated October 9, 2015, the claims administrator failed to approve requests for 4 Beck Depression Inventories and 4 Beck Anxiety Inventories. The claims administrator referenced did, however, approved 4 sessions of medication management. A September 10, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated October 2, 2015, 4 psychotropic medication management office visits, 4 Beck Depression Inventories, and 4 Beck Anxiety Inventories were endorsed. On an associated handwritten progress note dated September 10, 2015, difficult to follow, not entirely legible, the applicant apparently reported ongoing issues with anxiety, depression, sleep disturbance, social withdrawal, and suicidal ideation. The applicant was given a primary operating diagnosis of major depressive disorder (MDD). Ativan, Abilify, Zoloft, Lunesta, Seroquel, Viagra, and Wellbutrin were all seemingly endorsed. The applicant's work status was not clearly detailed, although it did not appear that the applicant was working. Large portions of the progress note employed pre-printed checkboxes, with little in the way of supporting rationale or supporting commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Beck depression inventory: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS).

Decision rationale: No, the request for 4 Beck Depression Inventories was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 100 notes that Beck Anxiety and/or Beck Depression Inventories can be employed after receipt of various psychotropic treatment modalities, such as Transcendental Meditation, and while page 41 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that a Beck Depression Inventory can be employed as an outcome measure in the treatment of complex regional pain syndrome, here, however, the attending provider's September 10, 2015 office visit was thinly and sparsely developed, handwritten, difficult to follow, not altogether legible, did not clearly state why the applicant needed to undergo 4 consecutive Beck Depression Inventories, particularly in light of the fact that the applicant already carried an established diagnosis of major depressive disorder (MDD). There was no mention of the applicant's receiving any kind of novel treatment modality on the September 10, 2015 office visit at issue, which would have compelled usage of a Beck Depression Inventory (BDI) as a means of determining the applicant's outcome or response to said treatment. Therefore, the request was not medically necessary.

4 Beck anxiety inventory: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Similarly, the request for 4 Beck Anxiety Inventories was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 400 acknowledges that Transcendental Meditation has been shown to result in sustained and improved scores on the Beck Anxiety Inventory 3 years after initial training, here, however, the attending provider's handwritten progress note of September 3, 2015 was thinly and sparsely developed, difficult to follow, not altogether legible, and made no mention of the applicant's receiving Transcendental Meditation or any other novel psychological or psychiatric treatment which would compel subsequent re-evaluation via the Beck Anxiety Inventory (BAI) at issue. It was not stated why the applicant needed to undergo 4 consecutive Beck Anxiety Inventory (BAI) surveys, particularly in light of the fact that the applicant already carried an established diagnosis of major depressive disorder (MDD), per the September 10, 2015 office visit at issue. Therefore, the request was not medically necessary.