

<b>Case Number:</b>	CM15-0218116		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	03/22/1994
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 61 year old female, who sustained an industrial injury on 3-22-1994. The injured worker was diagnosed as having major depressive affective disorder, single episode, severe, without mention of psychotic behavior, and pain disorder associated with both psychological factors and general medical condition. Treatment to date has included diagnostics, physical therapy, mental health sessions, and medications. On 9-24-2015, the injured worker complains of "work is causing her stress". She reported insomnia and was worried about gaining weight. She reported that office environment was increasing her anxiety and cognitive behavior therapy was helping. Her mood was labile. Objective findings noted her as anxious and depressed. Beck Depression Inventory Score was 34 (23 on 6-10-2015) and Beck Anxiety Inventory Score was 34 (58 on 6-10-2015). Medications included Ativan, Wellbutrin XL, Amitriptyline, and Melatonin. The treatment plan included Beck Anxiety Inventory x4 (1 time every 6 weeks for 6 months) and Beck Depression Inventory x4 (1 time every 6 weeks for 6 months), non-certified by Utilization Review on 10-28-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Beck Anxiety Inventory, Qty 4, 1 time every 6 weeks for 6 months: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Williams J, et al. Screening for depression. Topic 83887, version 13.0. UpToDate, accessed 12/19/2015. Zimmerman M, et al. Using scales to monitor symptoms and treat depression (measurement based care). Topic 14860, version 19.0. UpToDate, accessed 12/19/2015.

**Decision rationale:** The Beck Depression Inventory is a 21-question survey useful for monitoring a depressed person's response to treatment. The MTUS Guidelines are silent on this specific issue, although they generally support treatment for depression that has the goal of improving the worker's function. The submitted and reviewed documentation indicated the worker was experiencing neck pain, shoulder pain, abdominal discomfort, weight gain, diarrhea, depressed and anxious moods, and problems sleeping. There was no discussion detailing the reason these tests were needed or describing special circumstances that sufficiently supported this request. Further, the request covered a long period of time, which would not allow for changes in the worker's needs. For these reasons, the current request for four Beck anxiety inventories done once every six weeks for six months is not medically necessary.

**Beck Depression Inventory, Qty 4, 1 time every 6 weeks for 6 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - BDI, Beck Depression Inventory.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Williams J, et al. Screening for depression. Topic 83887, version 13.0. UpToDate, accessed 12/19/2015. Zimmerman M, et al. Using scales to monitor symptoms and treat depression (measurement based care). Topic 14860, version 19.0. UpToDate, accessed 12/19/2015.

**Decision rationale:** The Beck Anxiety Inventory is a survey useful for monitoring an anxious person's response to treatment. The MTUS Guidelines are silent on this specific issue, although they generally support treatment for depression that has the goal of improving the worker's function. The submitted and reviewed documentation indicated the worker was experiencing neck pain, shoulder pain, abdominal discomfort, weight gain, diarrhea, depressed and anxious moods, and problems sleeping. There was no discussion detailing the reason these tests were needed or describing special circumstances that sufficiently supported this request. Further, the request covered a long period of time, which would not allow for changes in the worker's needs. For these reasons, the current request for four Beck depression inventories done once every six weeks for six months is not medically necessary.