

Case Number:	CM15-0055363		
Date Assigned:	03/30/2015	Date of Injury:	07/02/2008
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/23/2015

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 is a 55-year-old female, with a reported date of injury of 07/02/2008. The diagnoses include major depressive disorder, and pain disorder associated with both psychological factors and general medical condition. Treatments to date have included oral medications and psychological treatment. The progress report dated 02/17/2015 is handwritten and somewhat illegible. The report indicates that the injured worker complained of anxiety, depression, periods of crying, sleep disturbance, and social withdrawal. She also complained of bilateral hand and arm pain. The treating physician requested medication management visit, 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:

Beck Anxiety Inventory (4) 1x every 6 weeks x 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 (ODG), Mental Illness & Stress Chapter, 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) Chapter: Mental Illness and Stress Topic: 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 request for Beck Anxiety Inventory (4) 1x every 6 weeks x 6 months is excessive and not medically necessary as the guidelines recommend that Psychological evaluations are clinically indicated only for diagnostic purposes to determine if psychosocial interventions are indicated. The injured worker has already undergone Psychological treatment so far and thus ongoing Psychological evaluations are not clinically indicated.

Beck Depression Inventory (4) 1x every 6 weeks x 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 (ODG), Mental Illness & Stress Chapter, 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) Chapter: Mental Illness and Stress Topic: 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 request for Beck Depression Inventory (4) 1x every 6 weeks x 6 months is excessive and not medically necessary as the guidelines recommend that Psychological evaluations are clinically indicated only for diagnostic purposes to determine if psychosocial interventions are indicated. The injured worker has already undergone Psychological treatment so far and thus ongoing Psychological evaluations are not clinically indicated.

Medication Management (4) 1x every 6 weeks x 6 months: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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) Chapter: Mental Illness & Stress Topic: 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 associated with both psychological factors and general medical condition and has been prescribed Zoloft for depression with which symptoms are reported to be stable. The most recent progress report from Feb 2015 lists subjective symptoms as the report indicates that the injured worker complained of anxiety, depression, periods of crying, sleep disturbance, and social withdrawal. The request for Medication Management (4) 1x every 6 weeks x 6 months is medically necessary for the ongoing treatment and stabilization of symptoms.