

Case Number:	CM15-0084093		
Date Assigned:	05/06/2015	Date of Injury:	12/22/2012
Decision Date:	06/09/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	05/01/2015

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, California

Certification(s)/Specialty: Family Practice

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 40 year old female, who sustained an industrial injury on 12/22/2012. She has reported injury to the head, right wrist, and psyche. The diagnoses have included post-traumatic stress disorder, chronic; depressive disorder not otherwise specified; and pain disorder associated with both psychological factors and a general medical condition. Treatment to date has included medications, diagnostics, and cognitive therapy. A progress note from the treating physician, dated 01/21/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of headaches, nervousness, irritability, anxiety, and depression. Objective findings included moderately depressed and anxious mood; and somber affect, entirely appropriate to mood with intermittent tearfulness manifested. The patient has had history of transient and passive suicidal ideation. The treatment plan has included the request for medication management; Beck Depression Inventory six sessions; and Beck Anxiety Inventory, six sessions. The medication list includes Fluoxetine, Alprazolam, Norco, Ibuprofen and Trazodone. The patient sustained the injury due to work related physical assault with repeated blows to the head by fists and gun. The patient has had EMG of the UE, MRI of the cervical spine and sleep study for this injury. Patient has received an unspecified number of CBT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Management: Overturned

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 and Stress.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Request: Medication Management; MTUS Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." She has reported injury to the head, right wrist, and psyche. The diagnoses have included post-traumatic stress disorder, chronic; depressive disorder not otherwise specified; and pain disorder associated with both psychological factors and a general medical condition. Currently, the injured worker complains of headaches, nervousness, irritability, anxiety, and depression. Objective findings included moderately depressed and anxious mood; and somber affect, entirely appropriate to mood with intermittent tearfulness manifested. The patient has had history of transient and passive suicidal ideation. The medication list includes Fluoxetine, Alprazolam, Norco, Ibuprofen and Trazodone. Therefore, this complex case and the management of this case would be benefited by Medication Management. The request for Medication Management is medically necessary and appropriate for this patient.

Beck Depression Inventory six sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

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 (updated 03/25/15) BDI - II (Beck Depression Inventory-2nd edition) Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

Decision rationale: Beck Depression Inventory six sessions. MTUS guideline does not specifically address this issue; hence ODG used. As per cited guideline, "BDI - II (Beck Depression Inventory-2nd edition): Recommended as a first-line option psychological test in the assessment of chronic pain patients. See Psychological evaluations. Intended as a brief measure of depression, this test is useful as a screen or as one test in a more comprehensive evaluation. Can identify patients needing referral for further assessment and treatment for depression. Strengths: Well-known, well researched, keyed to DSM-IV criteria, brief, appropriate for ages 13-80." In addition "Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators): (3) Psychological testing. This supplements information provided in the clinical interview and, at the minimum, should evaluate personality style and coping ability. Other tests have included the Spielberger State-Trait Anxiety Inventory (STAI), Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Hospital Anxiety and Depression Scale (HAD), Millon Clinical Multiaxial Inventory (M-CMI-II), Symptom Checklist-90-R (SCL-90-R), Behavioral Analysis of Pain, Chronic Illness Problem Inventory (CIPI), McGill Pain Questionnaire (MPQ), Coping Strategies questionnaire (CSQ), and Pain Beliefs and

Perception Inventory (PBPI)." The patient had sustained an industrial injury on 12/22/2012. The diagnoses have included post-traumatic stress disorder, chronic; depressive disorder not otherwise specified; and pain disorder associated with both psychological factors and a general medical condition. Currently, the injured worker complains of headaches, nervousness, irritability, anxiety, and depression. Objective findings included moderately depressed and anxious mood; and somber affect, entirely appropriate to mood with intermittent tearfulness manifested. The patient has had history of transient and passive suicidal ideation. The patient sustained the injury due to work related physical assault with repeated blows to the head by fits and gun. Patient has received an unspecified number of CBT visits for this injury. Therefore, the patient has had significant psychological problems and Beck Depression Inventory is recommended as a first- line option psychological test. The six sessions are to monitor the response of the depression to treatment measures over a period of time. The request for Beck Depression Inventory six sessions is medically necessary and appropriate for this patient.

Beck Anxiety Inventory, six sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

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 (updated 03/25/15) BDI - II (Beck Depression Inventory-2nd edition) Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

Decision rationale: Beck Anxiety Inventory, six sessions. MTUS guideline does not specifically address this issue; hence ODG used. As per cited guideline, "BDI - II (Beck Depression Inventory-2nd edition): Recommended as a first-line option psychological test in the assessment of chronic pain patients. See Psychological evaluations. Intended as a brief measure of depression, this test is useful as a screen or as one test in a more comprehensive evaluation. Can identify patients needing referral for further assessment and treatment for depression. Strengths: Well-known, well researched, keyed to DSM-IV criteria, brief, appropriate for ages 13-80." In addition "Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators): (3) Psychological testing. This supplements information provided in the clinical interview and, at the minimum, should evaluate personality style and coping ability. Other tests have included the Spielberger State-Trait Anxiety Inventory (STAI), Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Hospital Anxiety and Depression Scale (HAD), Millon Clinical Multiaxial Inventory (M-CMI-II), Symptom Checklist-90-R (SCL-90-R), Behavioral Analysis of Pain, Chronic Illness Problem Inventory (CIPI), McGill Pain Questionnaire (MPQ), Coping Strategies questionnaire (CSQ), and Pain Beliefs and Perception Inventory (PBPI)." The patient had sustained an industrial injury on 12/22/2012. The diagnoses have included post-traumatic stress disorder, chronic; depressive disorder not otherwise specified; and pain disorder associated with both psychological factors and a general medical condition. Currently, the injured worker complains of headaches, nervousness, irritability, anxiety, and depression. Objective findings included moderately depressed and anxious mood; and somber affect, entirely appropriate to mood with intermittent tearfulness manifested. The patient has had history of transient and passive suicidal ideation. The patient sustained the injury due to work related physical assault with repeated blows to the head by fits and gun. Patient has received an unspecified number of CBT visits for this injury. The patient has had significant psychological problems and Beck Anxiety Inventory, is recommended as a psychological test in the assessment of chronic pain patients. The six sessions are to monitor the

response of the anxiety to treatment measures over a period of time. The request for Beck Anxiety Inventory, six sessions is medically necessary and appropriate for this patient.