

Case Number:	CM14-0190236		
Date Assigned:	11/21/2014	Date of Injury:	03/20/2012
Decision Date:	01/09/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/14/2014

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a 54 year old female with date of injury 3/20/2012. Date of the UR decision was 11/4/2014. Mechanism of injury is unknown. Per report dated 4/15/2014, the injured worker complained of ongoing low back pain and stiffness as well as neck pain radiating down arms and hands with arms and hands with numbness, stiffness and spasms. She has undergone chiropractic treatment and physical therapy. Per request for authorization dated 10/28/2014, the injured worker has been diagnosed with major depressive disorder, pain disorder; psychological factors associated with general medical condition. The psychotropic medications being prescribed for the injured worker were Lexapro, Klonopin and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Beck Anxiety and Depression Inventory Test (1 time every 6 weeks): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental 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 request for 4 Beck Anxiety and Depression Inventory Test (1 time every 6 weeks) is excessive and not medically necessary. There is no Psychiatrist or Psychologist report available or any clinical indication indicating need for every 6 weekly Psychological testing. Thus, the request is not medically necessary at this time.