MAXIMUS Federal Services

Case Number:	CM14-0212809		
Date Assigned:	12/30/2014	Date of Injury:	08/01/2001
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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:

Injured worker is a 70 year old female with date of injury 8/1/2001. Date of the UR decision was 12/02/2014. He encountered sharp pain down in the low back and in the leg while he was lifting a heavy piece of luggage into an overhead compartment while performing her duties as a flight attendant. Per report dated 11/18/2014, she was noted to be stable but had increased sleep, was compliant with medications and no side effects were noted. Her subjective complaints included depression, sleep disturbance and had dysphoric mood. Her Beck Depression Inventory score per that report was 25 and Beck Anxiety Inventory score was 20. Her diagnosis included Major Depressive Disorder, single episode, severe without psychotic features and Pain disorder associated with both Psychological factors and general medical condition. She was being prescribed Celexa 20 mg every day, Ambien 10 mg at bedtime and Ativan 1 mg one to two tablets at bedtime. Treatment plan per that report was that the injured worker was stable on the current medications and the same were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional mediation management; Beck depression Inventory, Beck anxiety Inventory, once every six weeks for 24 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions,Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress; http://www.ncbi.nlm.nih.gov/pubmed/94767161

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; Official Disability Guidelines (ODG) Mental illness, Office visits -Stress related conditions.

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. "Per report dated 11/18/2014, she presented with subjective complaints of depression, sleep disturbance and dysphoric mood. Treatment plan per that report was that the injured worker was stable on the current medications and the same were continued. Her Beck Depression Inventory score per that report was 25 and Beck Anxiety Inventory score was 20. Her diagnosis included Major Depressive Disorder, single episode, severe without psychotic features and Pain disorder associated with both Psychological factors and general medical condition. She was being prescribed Celexa 20 mg every day, Ambien 10 mg at bedtime and Ativan 1 mg one to two tablets at bedtime.The request for Additional mediation management; Beck depression Inventory, Beck anxiety Inventory, once every six weeks for 24 weeks is excessive and not medically necessary. The most recent progress report indicates that the injured worker has been stable on the current medications and for the same to be continued. The request for additional medication management does not specify the number of sessions to be requested. The injured worker is being prescribed Ambien and Ativan which are recommended only for short term use per guidelines and there is no documentation regarding any taper process being in progress to discontinue them per guidelines. Also, the request for Beck depression Inventory, Beck anxiety Inventory, once every six weeks for 24 weeks is excessive as there is no clinical rationale for the use of such frequent psychological testing in this case when she has already been in a stable condition and the same treatment plan is being continued.