

Case Number:	CM15-0010650		
Date Assigned:	01/28/2015	Date of Injury:	07/12/2000
Decision Date:	03/27/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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: Illinois

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 53-year-old male who reported injury on 07/12/2000. The mechanism of injury was not provided. Other therapies included 22 sessions of psychotherapy. The medications and diagnostic studies were not provided. The documentation of 11/20/2014 revealed the injured worker had anger, anxiety, appetite disturbance, depression, exaggerated startle response, flashbacks, impaired concentration and memory, irritability, sleep disturbance and social withdrawal. The objective findings revealed the injured worker was angry, anxious and in obvious discomfort. The injured worker was noted to have a Beck Depression Inventory score of 14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT). Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend screening patients for risk factors for delayed recovery including fear avoidance beliefs. There should be a consideration of psychotherapy if there is a lack of progress in physical medicine alone, then an initial trial of 3 to 4 psychotherapy visits are appropriate over 2 weeks, and with evidence of objective functional improvement, a total of 6 to 10 visits is appropriate. The clinical documentation submitted for review indicated the injured worker had shown benefit with therapy; however, the injured worker continued to report anxiety, anger and depression. There was a lack of documentation indicating a necessity for 12 additional psychotherapy sessions. Given the above, the request for 12 psychotherapy sessions is not medically necessary.

Beck Anxiety Inventory (1x every 6 weeks): Upheld

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

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 Chapter, Psychological evaluations

Decision rationale: The Official Disability Guidelines indicate that psychological evaluations include the Beck Anxiety Inventory test. There was a lack of documentation indicating the rationale for the Beck Anxiety Inventory testing x 6 weeks. The request as submitted failed to include the duration of the testing 1 x every 6 weeks. Given the above, the request for Beck Anxiety Inventory (1x every 6 weeks) is not medically necessary.

Beck Depression Inventory (1x every 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, BDI-II (Beck Depression Inventory).

Decision rationale: The Official Disability Guidelines indicate that the Beck Depression Inventory test is a first line option in psychological testing in the assessment of chronic pain patients. It is intended as a brief measure of depression. The clinical documentation submitted for review indicated the injured worker had previously undergone depression testing. There was a lack of documentation to support a necessity for testing 1 x every 6 weeks. The request as submitted failed to include the duration of the testing 1 x every 6 weeks. Given the above, the request for Beck Depression Inventory (1x every 6 weeks) is not medically necessary.

