

<b>Case Number:</b>	CM15-0112396		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	06/04/2009
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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

Certification(s)/Specialty: Psychologist

### 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 (IW) is a 58-year-old male who sustained an industrial injury on 06/04/2009 the mechanism of the injury is not found in the records reviewed. The injured worker was diagnosed as having: Displacement of cervical intervertebral disc without myelopathy. Brachial neuritis or radiculitis not otherwise specified. Cervical spondylosis without myelopathy. Treatment to date has included two right shoulder surgeries (rotator cuff repair and bone) four left knee surgeries and two total knee replacements, removal of a left shoulder bone spur and rotator cuff repair, and two artificial disc replaced L4-L5, and physical therapy. Following the spinal fusion in 8/02/2014, the numbness and tingling in his left arm was relieved. He now walks the dog in the morning and evening, experiencing pain after 15-20 minutes. Currently, the caregiver notes that the injured worker "appears to be having psychological difficulty due to inability to participate in work and current activities following multiple surgeries". In the examination, the worker complains of pain in the neck moving down shoulder with occasional numbness and tingling in the right arm with shooting pain. His pain is rated as a 7 on a scale of 0-10 and is constant. Headaches occur 2-3 times daily or more. His pain severity at best is a 5 on a scale of 10, and severity at its worst is 8 on a scale of 0-10. On exam, it is noted that he worker has shoulder flexion on the left arm of 155 and right of 145. His abduction is 160 on the left and 160 on the right. Grip strength is greater than 65 pounds on the right and 85 pounds on the left. A request for authorization was submitted for 1. Medication management (4) 1 x every 6 wks. x 6 months. 2. Beck depression inventory (4) 1 x every 6 wks. x 6 months. 3. Beck anxiety inventory (4) 1 x every 6 wks. x 6 months.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication management (4) 1 x every 6 wks x 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**Decision rationale:** The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. Decision: A request to made for medication management (4) one time every 6 weeks for 6 months, the request was non-certified by utilization review which provided the following rationale for its decision: in this case there is no initial psychological or psychiatric evaluation available for review. The patient's diagnosis is major depression and anxiety. The remainder of the information on all of the progress notes is unreadable and thus there is no available data about the scope of treatment thus far, functional benefit from psychiatric care, and why repeated administrations of self administered psychological testing is necessary. Therefore, the request for medication management (4) one time every 6 weeks for 6 months is neither medically necessary or appropriate." This IMR will address a request to overturn the utilization review decision and authorize medication management 4 visits one time a week every 6 weeks for 6 months. The medical necessity the request for medication management 4 sessions one time every 6 weeks for 6 months was not established due to insufficient documentation. There was virtually no information provided regarding the patient's prior psychiatric treatment, it is not clear even which medications are being prescribed and how long they've been used and whether they're being titrated or not. Medication management may be necessary for this patient but due to insufficient documentation of prior psychiatric treatment there was insufficient documentation to support this request as provided for IMR. There is no discussion of whether the patient is currently stable on his medications and can be seen at a less frequent rate or if he needs titration for adjustment of medication dosages. In the absence of any significant and substantial information regarding the patient's current medication regime and response to prior treatment the need for a specialty medication management appointment is not been established. This is not to say that medication management is not needed, only that this request was not supported on the basis of inadequate documentation. The UR decision is upheld.

**Beck depression inventory (4) 1 x every 6 wks x 6 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Stress and Illness chapter, topic: Beck Depression Inventory -II. March 2015 update.

**Decision rationale:** The CA-MTUS is silent with regards to this assessment tool other than in the context of a comprehensive psychological evaluation. The Official Disability guidelines state that it is recommended as a first line option psychological test to be used in the assessment of chronic pain patients. 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 criteria, brief, appropriate for ages 13-20. Weaknesses: limited to assessment of depression, easily faked, scale is unable to identify a non-depressed state, and thus is very prone to false positive findings. Should not be used as a stand-alone measure, especially when secondary gain is present. Decision: A request was made for Beck Depression Inventory (4) one time every 6 weeks for 6 months, the request was non-certified by utilization review which provided the following rationale for its decision: in this case there is no initial psychological or psychiatric evaluation available for review. The patient's diagnosis is major depression and anxiety. The remainder of the information on all of the progress notes is unreadable and thus there is no available data about the scope of treatment thus far, functional benefit from psychiatric care, and why repeated administrations of self administered psychological testing is necessary. Therefore, the request for Beck Depression Inventory (4) one time every 6 weeks for 6 months is neither medically necessary or appropriate." This IMR will address a request to overturn the utilization review decision and authorize 4 Beck Depression Inventory administrations. This request is for 4 administrations of the Beck Depression Inventory, the request is made in conjunction and at the same time as a request for 4 sessions of medication management and presumably these assessment tools were used at the same time as the medication management sessions. Because the medication management sessions have not been approved, the administration of Beck Depression Inventory will not be needed. Therefore the medical necessity of this request is not established the utilization review decision for non- certification is upheld.

**Beck anxiety inventory (4) 1 x every 6 wks x 6 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Stress and Illness chapter, topic: Beck Depression Inventory -II. March 2015 update.

**Decision rationale:** Decision: A request was made for administration of 4 Beck Anxiety Inventory (4) one time every 6 weeks for 6 months, the request was non-certified by utilization review which provided the following rationale for its decision: in this case there is no initial psychological or psychiatric evaluation available for review. The patient's diagnosis is major depression and anxiety. The remainder of the information on all of the progress

notes is unreadable and thus there is no available data about the scope of treatment thus far, functional benefit from psychiatric care, and why repeated administrations of self administered psychological testing is necessary. Therefore, the request for Beck Anxiety Inventory (4) one time every 6 weeks for 6 months is neither medically necessary or appropriate. This request is for 4 administrations of the Beck Anxiety Inventory, the request is made in conjunction and at the same time as a request for 4 sessions of medication management and presumably these assessment tools were used at the same time as the medication management sessions. Because the medication management sessions have not been approved, the administration of Beck Anxiety Inventory will not be needed. Therefore the medical necessity of this request is not established the utilization review decision for non-certification is upheld.