

Case Number:	CM15-0116093		
Date Assigned:	06/24/2015	Date of Injury:	10/01/1999
Decision Date:	07/28/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/17/2015

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 is a 70 year old female who reported an industrial injury on 10/1/1999. Her diagnoses, and/or impressions, are noted to include: major depressive disorder with severe single episode, and psychological symptoms affecting medical condition. No current imaging studies are noted. Her treatments have included psychiatric evaluation and treatment; medication management; and rest from work. The psychiatric progress notes of 5/18/2015 were hand written and mostly illegible but reported stable anxiety, depression and sleep disturbance. Objective findings were noted to include that she benefited from her medications as expected; and the need for a follow-up evaluation in 8-12 weeks. The physician's requests for treatments were noted to include Beck depression and anxiety inventories, 1 every 6 weeks, for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Beck depression inventory: four (4)(one (1) time every six (6) weeks for six (6) months):
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 Illness and Stress Chapter BDI-II.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychiatric medication management services since at least 2013 with [REDACTED]. It does not appear that she has received any other psychological services. In his PR-2 report from June 2015, [REDACTED] presented information regarding the injured worker's stability. Her BDI and BAI scores were mild as they have been in many preceding administrations. The request under review is for a total of 4 BDI administrations (1X every 6 weeks) to correlate with 4 medication management visits with [REDACTED]. At this time, the use of the BDI no longer appears necessary as a way of reflecting progress or improvements. The injured worker has scored within the mild range on several of the last test reports and she appears to be managing fairly effectively per [REDACTED] latest PR-2 report. As a result, the request for an additional 4 BDI administrations (once every 6 weeks) is not medically necessary.

Beck anxiety inventory: four (4)(one (1) time every six (6) weeks for six (6) months):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3224107/>.

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 and Stress Chapter BDI-II.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychiatric medication management services since at least 2013 with [REDACTED]. It does not appear that she has received any other psychological services. In his PR-2 report from June 2015, [REDACTED] presented information regarding the injured worker's stability. Her BDI and BAI scores were mild as they have been in many preceding administrations. The request under review is for a total of 4 BAI administrations (1X every 6 weeks) to correlate with 4 medication management visits with [REDACTED]. At this time, the use of the BAI no longer appears necessary as a way of reflecting progress or improvements. The injured worker has scored within the mild range on several of the last test reports and she appears to be managing fairly effectively per [REDACTED] latest PR-2 report. As a result, the request for an additional 4 BAI administrations (once every 6 weeks) is not medically necessary.