

Case Number:	CM15-0124991		
Date Assigned:	07/09/2015	Date of Injury:	10/02/2012
Decision Date:	08/11/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/29/2015

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 55 year old male who sustained an industrial injury on 10/02/2012. Mechanism of injury was cumulative trauma to his bilateral knees and right ankle. Diagnoses include depressive disorder, chronic pain, right medial meniscus tear, right ankle avascular necrosis, left knee internal derangement secondary to right knee medial meniscus tear and right ankle avascular necrosis, reactionary depression /anxiety secondary to stress at work, financial constraints and difficulty sleeping, medication induced gastritis, left hip/sprain/strain, and non-insulin dependent diabetes. Treatment to date has included diagnostic studies, medications, physical therapy, injections, boot, right ankle orthosis, and psychiatric treatment and psychotherapy. A physician progress note dated 04/02/2015 documents the injured worker had a better response to Remeron than Trazadone, and it was being increased for bedtime sleep. On 05/07/2015 it is documented the Cymbalta was being increased in an attempt to promote more efficacy in the treatment of chronic pain and depression. Anxiety and depression was relatively unchanged. There is continued pain in his right leg, with obvious discomfort. Several documents within the submitted medical records are difficult to decipher. The treatment plan is for medication management x 4, every 6 weeks x 6 months. Treatment requested is for Beck anxiety inventory x 4 (every 6 weeks x 6 months), and Beck depression inventory x 4 (every 6 weeks x 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 x 4 (every 6 weeks x 6 months): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Beck Depression Inventory (BDI).

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychiatric medication management services from [REDACTED] approximately every 6 weeks. During the office visits, [REDACTED] routinely utilizes both the BDI and the BAI to objectively assess the injured worker's current severity of symptoms. Given the fact the injured worker received authorization for an additional 4 medication management visits, the request for an additional 4 administrations of the BDI to be used in conjunction with the 4 authorized visits appears reasonable. As a result, the request for use of the Beck Depression Inventory (BDI) X4 is medically necessary.

Beck anxiety inventory x 4 (every 6 weeks x 6 months): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Beck Depression Inventory (BDI).

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychiatric medication management services from [REDACTED] approximately every 6 weeks. During the office visits, [REDACTED] routinely utilizes both the BDI and the BAI to objectively assess the injured worker's current severity of symptoms. Given the fact the injured worker received authorization for an additional 4 medication management visits, the request for an additional 4 administrations of the BAI to be used in conjunction with the 4 authorized visits appears reasonable. As a result, the request for use of the Beck Anxiety Inventory (BAI) X4 is medically necessary.