

<b>Case Number:</b>	CM15-0126765		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	10/01/2009
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 60 year old male patient who sustained an industrial injury on 10/01/2009. An evaluation dated 11/10/2014 reported the patient deemed permanent and stationary. Back on 08/25/2014 the treating diagnoses were: gastroesophageal reflux disease; irritable bowel syndrome; hypertension; deconditioning; non-cardiac chest pain; sleep disorder; sexual dysfunction; neurological issues, chronic pain issues; psychiatric diagnoses, and orthopedic diagnoses.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication management 1 time every 6 weeks for 6 months, quantity: 4:** Upheld

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

**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: Office Visits.

**Decision rationale:** Based on the review of the records, particularly the UR determination letter, the injured worker continues to exhibit psychiatric symptoms and is in need of further medication management services. Unfortunately, no psychiatric records were included for review to confirm UR's information. Without relevant medical records, the need for medication management 1 time every 6 weeks for 6 months for a total of 4 visits cannot be determined. As a result, the request is not medically necessary. It is noted that the injured worker did receive a modified authorization for an additional 2 medication management visits in response to this request.

**Beck depression inventory 1 time every 6 weeks, for 6 months, quantity: 4:** Upheld

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

**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 records, particularly the UR determination letter, the injured worker continues to exhibit psychiatric symptoms and is in need of further medication management services. Unfortunately, no psychiatric records were included for review to confirm UR's information. Without relevant medical records, the need for additional treatment, including administrations of the BDI, cannot be determined. As a result, the request for an additional 4 administrations of the BDI during medication management office visits once every 6 weeks for 6 months is not medically necessary. It is noted that the injured worker did receive a modified authorization for 1 additional BDI administration in response to this request.

**Beck anxiety inventory 1 time every 6 weeks, for 6 months, quantity: 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100 and 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 Illness and Stress Chapter: Beck Depression Inventory (BDI).

**Decision rationale:** Based on the review of the records, particularly the UR determination letter, the injured worker continues to exhibit psychiatric symptoms and is in need of further medication management services. Unfortunately, no psychiatric records were included for review to confirm UR's information. Without relevant medical records, the need for additional treatment, including administrations of the BAI, cannot be determined. As a result, the request for an additional 4 administrations of the BAI during medication management office visits once every 6 weeks for 6 months is not medically necessary. It is noted that the injured worker did receive a modified authorization for 1 additional BAI administration in response to this request.