MAXIMUS Federal Services

Case Number:	CM15-0127041		
Date Assigned:	07/13/2015	Date of Injury:	03/14/2003
Decision Date:	08/11/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/01/2015

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, Texas
Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 64 year old female, who sustained an industrial injury on 3/14/03. She was diagnosed with major depression, single episode, severe. A PR-2 of 02/02/15 is hand written and difficult to read. At that time, she is stable on her medication with no side effects. Her nightmares have increased and she cannot remember them, but she awakens in a cold sweat. A PR-2 of 5/18/15 was also hand written and difficult to decipher. It noted complaints of anxiety and depression with sleep disturbance, Beck Depression=15, Beck Anxiety=6. She was feeling stressed regarding travel. Medications remain unchanged and include Celexa, Trazadone and Ativan, she is noted to be stable and doing well on this regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Beck depression inventory (4 times), once every 6 weeks for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress: BDI - II (Beck Depression Inventory-2nd edition).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101 of 127.

Decision rationale: The Beck Inventories are scales by which the patient rates subjective symptoms of depression and/or anxiety, and may be used over time to monitor efficacy of treatment during psychotherapy or medication management visits. It is helpful to periodically re-administer to evaluate the patient's current status. It is reasonable to request certification for the Beck Inventory, but administration every six weeks is excessive. This request is therefore not medically necessary.

Beck anxiety inventory (4 times), once every 6 weeks for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress: BDI - II (Beck Depression Inventory-2nd edition).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101 of 127.

Decision rationale: The Beck Inventories are scales by which the patient rates subjective symptoms of depression and/or anxiety, and may be used over time to monitor efficacy of treatment during psychotherapy or medication management visits. It is helpful to re-administered periodically to evaluate the patient's current status. It is reasonable to request certification for the Beck Inventory, but administration every six weeks is excessive. This request is therefore not medically necessary.