

Case Number:	CM15-0179829		
Date Assigned:	09/21/2015	Date of Injury:	10/30/2002
Decision Date:	10/30/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/11/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] who has filed a claim for major depressive disorder (MDD) reportedly associated with an industrial injury of October 30, 2002. In a Utilization Review report dated August 26, 2015, the claims administrator failed to approve requests for administration of depression and anxiety inventory questionnaires apparently sought via a progress note dated August 17, 2015. The applicant's attorney subsequently appealed. In a templated RFA form dated August 19, 2015, the attending provider sought authorization for multiple medications management office visits, multiple Beck Depression Inventory (BDI) questionnaire administrations, and multiple Beck Anxiety Inventories (BAI). In an associated progress note of August 17, 2015, difficult to follow, handwritten, not altogether legible, the applicant presented with ongoing issues with anxiety, depression, diminished energy, sleep disturbance, social withdrawal, doxepin, Paxil, and Buspar were seemingly endorsed. The note was very difficult to follow and not altogether legible. The applicant's work status was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Beck depression inventory (3) 1 time every 3 weeks times 6 months: Upheld

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 and stress.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Diagnostic Testing, Follow-up, and Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

Decision rationale: No, the request for a Beck Depression Inventory (BDI) to be administered one-time every three weeks x6 months was not medically necessary, medically appropriate, or indicated here. While page 101 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that the Beck Depression Inventory (BDI) is a psychological test commonly used in the assessment of applicants with chronic pain and while the MTUS Guideline in ACOEM Chapter 15, page 400 suggests that the Beck Depression Inventory can be employed after receipt of a course of transcendental meditation, both recommendations are, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 15, page 397 to the effect that an attending provider should avoid the temptation to perform exhaustive psychological testing to exclude the entire differential diagnosis of an applicant's symptoms as such searches are 'generally unrewarding.' Here, the attending provider's handwritten progress of August 17, 2015 did not clearly state why he needed to administer the Beck Depression Inventory (BDI) at each and every visit for a span of several weeks for the next six months. The MTUS Guideline in ACOEM Chapter 15, page 405 further notes that the frequency of mental health follow-up visits should be predicated on the severity of an applicant's symptoms. Here, thus, if the applicant's mental health symptoms responded favorably to the various psychotropic medications the applicant is using, this would likely obviate the need for either frequent follow-up visits and/or frequent administrations of the Beck Depression Inventory. Therefore, the request was not medically necessary.

Beck anxiety inventory (3) 1 time every 3 weeks times 6 months: Upheld

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 and stress.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Diagnostic Testing, Follow-up.

Decision rationale: Similarly, the request for administration of Beck Anxiety Inventory (BAI) one-time every three weeks for next six months was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 400 does suggest administering a Beck Anxiety Inventory after receipt of a particular psychological modality, such as transcendental meditation, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 15, page 397 to the effect that an attending provider should avoid the temptation to perform exhaustive psychological testing to exclude the entire differential diagnosis of an applicant's symptoms as such searches are "generally unrewarding." Here, the attending provider did not state why he needed to administer the Beck Anxiety Inventory (BAI) at each and every visit if the applicant already had an established, well characterized diagnosis of major depressive disorder (MDD). The MTUS Guideline in ACOEM Chapter 15, page 405 further notes that frequency of follow-up visits should be predicated on the severity of an applicant's symptoms. Here, thus, if the applicant's mental health issues responded favorably to treatment via psychotropic medications,

this would potentially obviate the need for such frequent follow-up visits and, by implication, the multiple administrations of the Beck Anxiety Inventory (BAI) survey at issue. Therefore, the request was not medically necessary.