

Case Number:	CM15-0038737		
Date Assigned:	03/09/2015	Date of Injury:	01/02/1990
Decision Date:	04/15/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/02/2015

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:

This is a 48 year old male whose date of injury is 1/2/90, with subsequent ongoing neck, shoulder and back pain as well as psychological issues. In a psychiatric evaluation of 12/03/14, the history is given that the injured worker had been employed by [REDACTED] since 1990 and worked both in the station and on patrol. He sustained various orthopedic injuries and experienced chest pain, which he attributed to stress. He was involved in altercations during the course of his employment involving taking down suspects and having gunshots fired at him. In 2012, he reported misconduct and subsequently experienced hostility in the workplace. This escalated after approaching [REDACTED], which he did after receiving personnel actions that he felt were based on falsified comment cards against him. After a work performance meeting on 05/08/13, he was ordered to have a psychological evaluation for "anger issues". He developed panic symptoms of hyperventilation and tachycardia. He presented to the evaluation, making it known that it was involuntary, and the evaluation was then not conducted. At a point thereafter, he was taken off work for two weeks, and then was told to take an extended vacation as he was not wanted at the station. Due to financial difficulties, he returned to work for four weeks with restrictions in July 2014. He found the situation difficult, dissatisfying, and discontinued working. He developed depression and anxiety in 2012 around the time of the personnel actions. He was diagnosed with chronic posttraumatic stress disorder, dysthymic disorder, industrially related major depressive disorder, psychological factors affecting general medical condition including acceleration of blood pressure and gastrointestinal distress, history of relational disorder, passive dependent and narcissistic personality traits. In a PR2 of 01/15/2015, the patient

presented with significant anxiety and depression, sleep disturbance, difficulty falling asleep, feeling uneasy in crowds, decreased energy, feeling blue lack of interest, excessive worry, and difficulty concentrating. His mood was severely depressed, with depression and anxiety. He endorsed nervousness, fear of the worst happening, shaking, and numbness/tingling. BDI=23 (moderate), BAI=24 (severe), Epworth Sleepiness Scale showed no indication of sleep disorder. Medications included Zoloft, Restoril, and Xanax. UR of 02/03/2015 modified the request for six months of once weekly psychotherapy to three months (12 sessions), noncertified both the Beck Depression and Beck Anxiety Inventories, and modified six months of medication management once every 6 weeks to one visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Months of Once Weekly Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 102.

Decision rationale: The patient's diagnoses, symptoms, and Beck Inventories show an injured worker in whom psychotherapy is indicated. He received modified certification for 3 months of weekly psychotherapy (12 sessions). There was no documentation provided however showing that these sessions were used and if so, what (if any) objective functional improvement was achieved. Therefore, the request is not medically necessary.

1 Beck Depression Inventory every 6 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines, Mental Illness & Stress Chapter, BDI-II (Beck Depression Inventory-2nd edition).

Decision rationale: The Beck Inventories are scales by which the patient rates subjective symptoms of depression and/or anxiety. They may be used as a screening tool to measure depression or anxiety, and may be used over time to monitor efficacy of treatment during psychotherapy or medication management visits. It is most helpful when administered at the beginning of treatment to establish a baseline, and then re-administered periodically to evaluate the patient's current status. It is reasonable to request certification for the Beck Depression Inventory; however, administration every six weeks is excessive. In this case, it is reasonable to administer the scale prior to the request for certification of additional services to use as a tool in

the assessment of the patient's current symptoms and treatment efficacy. The request for certification of one Beck Inventory every 6 weeks is excessive. Therefore, the request is not medically necessary.

1 Beck Anxiety Inventory every 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines, Psychological Evaluations.

Decision rationale: The Beck Inventories are scales by which the patient rates subjective symptoms of depression and/or anxiety. They may be used as a screening tool to measure depression or anxiety, and may be used over time to monitor efficacy of treatment during psychotherapy or medication management visits. It is most helpful when administered at the beginning of treatment to establish a baseline, and then re-administered periodically to evaluate the patient's current status. It is reasonable to request certification for the Beck Anxiety Inventory; however, administration every six weeks is excessive. In this case, it is reasonable to administer the scale prior to the request for certification of additional services to use as a tool in the assessment of the patient's current symptoms and treatment efficacy. The request for certification of one Beck Inventory every 6 weeks is excessive. Therefore, the request is not medically necessary.

6 Months of Medication Management, once every 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Official Medical Fee Schedule, 1999, page 460.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter, Office Visits.

Decision rationale: The patient is on multiple medications. Community standard dictates that follow up is essential to monitor for side effects, efficacy, drug: drug interactions, clinical stability and any changes in the patient's status, etc. However, the frequency of these visits is based on the needs of the individual and what medication the patient is prescribed as some require closer monitoring than others. Therefore, the request is not medically necessary.