

Case Number:	CM15-0074742		
Date Assigned:	04/24/2015	Date of Injury:	06/05/2007
Decision Date:	05/27/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/20/2015

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 68 year old male injured worker suffered an industrial injury on 06/05/2007. The diagnoses included major depressive disorder and pain associated with both psychological factors and general medical condition. The injured worker had been treated with psychoactive medications. On 1/29/2015 the treating provider reported he continued to struggle with anxiety and depression. The treatment plan included Beck Depression Inventory and Anxiety Inventory Every Six Weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Beck Depression Inventory and Anxiety Inventory Every Six Weeks X4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

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 medical records, the injured worker has been receiving psychiatric medication management services from treating psychiatrist, [REDACTED]. It appears that [REDACTED] has been seeing the injured worker on average every 6 weeks. During those visits, the injured worker completes both the BDI and BAI in order to evaluate the severity of his symptoms. The request under review was to be used conjointly with a request for additional medication management visits. However, the request for 4 additional medication management visits once every 6 weeks was modified by the physician reviewer to once every 3 months. As a result, the request under review is no longer applicable regarding the duration for which the services are to be rendered. However, the total number of 4 visits is appropriate. As a result, the request for 4 separate uses of the BDI and BAI is medically necessary to monitor the injured worker's progress.