

<b>Case Number:</b>	CM14-0104400		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 62 year old male with a 5/9/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 8/26/14 noted subjective complaints of depression and anxiety, with substantial loss of her former initiative and drive. Objective findings included beck inventory suggestive of mild depression and anxiety. At this time it was recommended that she undergo 6 months of individual psychotherapy. There were no additional psychological evaluations available for review. Diagnostic Impression: depression Treatment to Date: psychotherapyA UR decision dated 6/27/14 denied the request for 4 Beck Anxiety Index Tests. It also denied 4 Beck Depression Index Tests. It also denied 24 Psychotherapy sessions. There was no clinical documentation of significant psychological deficits that would require ongoing testing. Up to 6 months of CBT was recommended in 1/2014. There was no documentation of interim treatment or treatment outcomes. In the absence of this information, the need for continued treatment cannot be determined.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four Beck anxiety index tests:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th edition (web), 2013, Mental Illness and Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines psychological consult and treatment Page(s): 100-101.

**Decision rationale:** CA MTUS states that psychological evaluations are recommended and are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. However, in the documents available for review, she was recommended to have 6 months of psychotherapy in an evaluation from 8/2013. There is no documentation of any interim treatment from that time until now to substantiate continued evaluation/inventories. Therefore, the request for four Beck anxiety index tests was not medically necessary.

**Four Beck depression index tests:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th edition (web), 2013, Mental Illness and Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines psychological consult and treatment.

**Decision rationale:** CA MTUS states that psychological evaluations are recommended and are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. However, in the documents available for review, she was recommended to have 6 months of psychotherapy in an evaluation from 8/2013. There is no documentation of any interim treatment from that time until now to substantiate continued evaluation/inventories. Therefore, the request for four Beck depression index tests was not medically necessary.

**24 Psychotherapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 19-23.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. The Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks. However, there is no documentation of interim psychological treatment and/or functional improvement since 8/2013 when she was

recommended to have 6 months of psychotherapy. Furthermore, the requested 24 sessions far exceed the guideline recommendations. Therefore, the request for 24 psychotherapy sessions was not medically necessary.