

<b>Case Number:</b>	CM14-0104751		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/17/2014
<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 Psychology and is licensed to practice in Texas. 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:

The injured worker is a 45-year-old female who reported an injury on 04/27/2010 of unspecified cause of injury. The injured worker had a history of anxiety and depression. The injured worker had a diagnosis of adjustment disorder with mixed emotional features. The diagnostic testing included a Beck Depression Inventory with a score of 39 and a Beck Anxiety Inventory test of 15 dated 02/24/2014. The clinical notes dated 04/07/2014 revealed a gradual improvement in symptoms with no migraines and condition stable with medications. The medication included Zoloft 50 mg, Xanax 0.5 mg, Wellbutrin XL 150 mg, propranol, and Ambien 5 mg. The assessment dated 04/17/2014 revealed the injured worker was stable under pressing treatment with a Beck Depression Inventory of 27 and a Beck Anxiety Inventory of 8. Which resulted with her being stable on medication and was at an acceptable level of function and should be continued in order to avoid relapse or worsening of the condition. The plan included continuation of medication with the same dosage and frequency and to re-evaluate in 6 weeks. The Request for Authorization was not submitted with documentation. The rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy (24) two times a month for (52) weeks: Upheld**

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

**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 & Stress Cognitive Therapy for panic disorders.

**Decision rationale:** Psychotherapy (24) two times a month for 52 weeks is not medically necessary. Per the Official Disability Guidelines indicates that overwhelming effective psychotherapy treatments in panic disorders is cognitive behavioral therapy produced rapid reduction in panic symptoms typically the cognitive behavioral therapy is provided over 12 to 14 sessions conducted on a weekly basis. Each session lasts up to 1 hour cognitive behavioral treatment can be administered either by a standalone treatment or in conjunction with medication. For those individuals who do not respond to medication, cognitive behavioral treatment is likely to be the only viable treatment for panic symptoms. Cognitive behavioral therapy, individual therapy produce superior results over group cognitive behavioral therapy. Per the documentation provided, dated 04/05/2014, the patient is stable on medication which has helped the patient to an acceptable level of function and should be continued in order to avoid relapse or worsening of the condition. The injured worker's Beck Depression Inventory was 27 and Beck Anxiety Inventory was a score of an 8. The patient has improved with the medication. As such, the request is not medically necessary.

**Beck Anxiety inventory 8 times once a week every six weeks:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: web at [www.statisticssolutions.com](http://www.statisticssolutions.com) The Beck Anxiety Inventory (BAI).

**Decision rationale:** The request for Beck Anxiety inventory 8 times once a week every six weeks is not medically necessary. The Beck Anxiety Inventory (BAI) discriminates between anxious and non-anxious groups. The inventory contains 21 items rated from 0 to 3 by the taker, with a total possible score of 63 points. The items are experiences related to anxiety such as Fear of worst happening or Heart pounding/racing. The 5-10 minutes is necessary for completing the test. The above request for psychotherapy and the Beck depression inventory are not medically necessary. As such, the request is not medically necessary.

**Beck Depression inventory 8 times once a week every six weeks:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The request for Beck Depression Inventory 8 times once a week every six weeks is not medically necessary. Recommended as a first-line option psychological test in the

assessment of chronic pain patients. The test is a brief measure of risk factors for delayed recovery, useful as a screen or as one test in a more comprehensive evaluation. Can identify patients complaining of depression and anxiety, and identify patients prone to somatization, pain magnification and self-perception of disability. Strengths: Has the only nationally normed 0-10 pain scale. Weaknesses: No measures of characterological or psychosocial factors. Lack of longitudinal research on predictive validity or long-term test retest stability. The request for Psychotherapy is not medically necessary and the injured worker will not need to have the BDI evaluation. As such, the request is not medically necessary.