

<b>Case Number:</b>	CM14-0097917		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/21/2010
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Licensed in Psychology 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:

The claimant is a 37 year-old male with a date of injury of 4/21/10. The claimant sustained injury to his back when he lifted 4 pieces of wood and felt pain in his lower back. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. In their PR-2 report dated 10/19/13, MFT, [REDACTED] and [REDACTED] diagnosed the claimant with: (1) Major depression, single episode, moderate to severe, non-psychotic; and (2) Pain disorder associated with both psychological factors and a general medical condition. Additionally, in his Agreed Medical-Legal Examination in Psychiatry, Supplemental Report dated 12/30/13, [REDACTED] diagnosed the claimant with: (1) Depressive disorder, not otherwise specified (NOS); (2) Pain disorder associated with both psychological factors and a general medical condition; (3) Psychological factors affecting medical condition (irritable bowel syndrome (IBS), gastroesophageal reflux disease (GERD), hypertension, and weight gain; (4) Sleep disorder due to a medical condition; (5) Male hypoactive sexual desire disorder; and (6) Tobacco use in full remission. The claimant has been treated with psychological and psychotropic medication management services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 2 sessions a month for 52 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOTHERAPY Page(s): 19-23.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Cognitive Therapy for Depression and on the Non-MTUS American Psychiatric Association (APA) Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition (2010), Maintenance phase (pg. 19).

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression and the American Psychiatric Association (APA) Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since his injury in 2010. He also continues to experience symptoms of depression despite having participated in psychological and psychiatric services. The request for an additional 24 biweekly sessions appears excessive given the amount of previously completed treatment. The APA Practice Guideline indicates that if a depression-focused psychotherapy has been used during the acute and continuation phases of treatment, maintenance treatment should be considered, with a reduced frequency of sessions. Because of the excessive nature of the request, the request for psychotherapy 2 sessions a month for 52 weeks is not medically necessary.

**Beck Anxiety Inventory (BAI) 1 time per week for 6 weeks: Upheld**

**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, BDI - II (Beck Depression Inventory-2nd edition).

**Decision rationale:** Neither the CA MTUS nor the Official Disability Guidelines (ODG) addresses the use of the Beck Anxiety Inventory (BAI). However, the ODG addresses the use of the Beck Depression Inventory (BDI), which will be used as a related reference for this case. Based on the review of the medical records, the claimant continues to experience symptoms of depression and anxiety. However, the use of periodic test measurements such as the BAI or the BDI is helpful and often recommended, but not necessary. When they are utilized by clinicians, they are typically included with the psychotherapy services. As a result, a separate request for the Beck Anxiety Inventory (BAI) 1 time per week for 6 weeks is not reasonable and therefore, not medically necessary.

**Beck Depression Inventory (BDI) 1 time per week for 6 weeks: Upheld**

**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, BDI - II (Beck Depression Inventory-2nd edition).

**Decision rationale:** Neither the CA MTUS nor the Official Disability Guidelines (ODG) addresses the use of the Beck Depression Inventory (BDI). However, the ODG addresses the use of the BDI, which will be used as a reference for this case. Based on the review of the medical records, the claimant continues to experience symptoms of depression and anxiety. The use of periodic test measurements such as the Beck Anxiety Inventory (BAI) or the BDI is helpful and often recommended, but not necessary. When they are utilized by clinicians, they are typically included with the psychotherapy services. As a result, a separate request for the Beck Depression Inventory (BDI) 1 time per week for 6 weeks is not reasonable and therefore, not medically necessary.