

Case Number:	CM15-0004895		
Date Assigned:	01/16/2015	Date of Injury:	05/18/2004
Decision Date:	03/11/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/09/2015

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 injured worker is a 59 year old male, who sustained an industrial injury on 5/18/04. Previous symptoms were not noted. The diagnoses have included major depression, post-traumatic stress disorder and pain disorder. Treatment to date has included medications, pool therapy and injection of right PSIS twice. Currently, the IW states he feels better on medications and sleep has improved. The psychiatric progress report dated 12/2/14 revealed he had improved on current medications. On 12/22/14 Utilization Review non-certified beck depression inventory #4 and beck Anxiety inventory #4, noting the clinical information does not support the medical necessity of the routine administration of these tests. The MTUS, ACOEM Guidelines, was cited. On 1/6/15, the injured worker submitted an application for IMR for review of beck depression inventory #4 and beck Anxiety inventory #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Beck Depression Inventory, once every 6 weeks for 24 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation EBM, Beck Depression Inventory

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: BDI-II (Beck Depression Inventory -2nd edition)

Decision rationale: The MTUS guidelines are silent with regards to the use of the Beck Depression Inventory-II; however, the official disability guidelines state that is recommended as a first-line option psychological test in the assessment of chronic pain patients. Intended as a brief measure of depression, this test is useful as a screen or as one test in a more comprehensive evaluation. Can identify patients needing referral for further assessment and treatment for depression. Strengths: well-known, well researched, keyed to DSM-IV criteria, brief, appropriate for ages 13-80. Weaknesses: limited to assessment of depression, easily faked. Scale is unable to identify a non-depressed state, and is thus very prone to false positive findings. Should not be used as a stand-alone measure, especially when secondary gain is present. With regards to this request for administration of the Beck Depression Inventory once every 6 weeks for 24 weeks, the request is not supported by the MTUS/official disability guidelines. The Beck Depression Inventory is a rapid self-administered paper and pencil questionnaire. While it is essential for a therapist to conduct ongoing assessment during the course of psychological treatment to determine whether or not the patient is benefiting from the interventions being provided in responding objective functional improvement, the ongoing process of doing so can be easily and appropriately conducted during the course of each treatment session and contained within the time of that session. The medical necessity of the request is not established and therefore the utilization review determination for non-certification is upheld.

Beck Anxiety Inventory, once every 6 weeks for 24 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation EBM, Beck Anxiety Inventory

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, psychological evaluation Page(s): 100-101.

Decision rationale: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam, only those with complex or confounding issues. Both the MTUS and official disability guidelines are nonspecific with regards to the use of the Beck Anxiety Inventory. With regards to this request for administration of the Beck Anxiety Inventory once every 6 weeks for 24 weeks, the request is not supported by the MTUS/official disability guidelines. The Beck Anxiety Inventory is a rapid self-administered paper and pencil questionnaire. While it is essential for a therapist to conduct ongoing assessment during the course of psychological treatment to determine whether or not the patient is benefiting from the interventions being provided in responding objective functional improvement, the ongoing

process of doing so can be easily and appropriately conducted during the course of each treatment session and contained within the time of that session. The medical necessity of the request is not established and therefore the utilization review determination for non-certification is upheld.