

Case Number:	CM15-0139844		
Date Assigned:	07/29/2015	Date of Injury:	12/22/1999
Decision Date:	08/28/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/20/2015

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 injured worker is a 49-year-old female, who sustained an industrial injury on 12-22-1999. The mechanism of injury is unknown. The injured worker was diagnosed as having major depressive disorder, psychological symptoms affecting medical condition, pain disorder and eating disorder. Beck depression inventory was 23 and Beck anxiety inventory was 10. Treatment to date has included chiropractic care, physical therapy, cognitive behavior therapy and medication management. In a progress note dated 6-18-2015, the injured worker complains of feeling anxious, unfocused and inability to read situations and makes faulty choices. The treating physician is requesting 12 sessions of psychotherapy, 6 weekly Beck anxiety inventories and 6 weekly Beck depression inventories.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, 1 time wkly for 12 wks, 12 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: Mental Illness & Stress - Psychotherapy guidelines, Cognitive therapy for depression.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: up to 13-20 visits over a 7- 20 weeks (individual sessions). If documented that CBT has been done and progress has been made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. A request was made for psychotherapy one time weekly for 12 weeks, 12 sessions total. The request was non-certified by utilization review which provided the following rationale for its decision: "the most recent documentation does not indicate objective functional improvement or symptomatic improvement with prior sessions. There is also no indication on number of sessions completed however, date of injury is 1999. At this time the request is recommended for non- certification based on lack of recent documentation to indicate functional improvement. The request for BDI and PAI are not supported as the request of psychotherapy is not indicated. The documentation indicates there has been no benefit in the inventory scores with treatment. This IMR will address a request to overturn utilization review decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. The medical necessity of the requested treatment, 12 sessions of psychotherapy to be held one time weekly for 12 weeks is not supported by the documentation provided for consideration for this IMR. Although there were several psychological treatment progress notes provided, they do not indicate how much treatment the patient has received to date. Treatment guidelines recommend a course of psychological treatment consisting of 13 to 20 sessions with evidence of functional improvement. It could not be determined if the patient has already received this quantity of treatment or has exceeded it. It also could not be determined whether 12 additional sessions would result in exceeding the recommended guidelines for this treatment modality, however it seems likely as she has been engaged in psychological treatment for at a minimum several months. There is no indication whatsoever when her psychological treatment started. There was

no documentation of objective functional improvement in the medical records that were provided as a result of prior psychological treatment. This is not to say the patient has not benefited from psychological treatment only that there was no documentation of any supporting evidence. In the absence of documentation of objectively measured functional improvement as a direct result of treatment and information regarding the total quantity of sessions at the patient has received to date the medical necessity of this request is not established the utilization review decision is upheld. The request is not medically necessary.

Beck anxiety inventory, 1 time every 6 wks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, topic: Beck depression inventory. March 2015 update.

Decision rationale: MTUS is silent with regards to this assessment tool. It does however discuss the Beck Depression Inventory, a similarly standardized instrument and this will be used to discuss this request. The official disability guidelines state that the BDI is recommended as a first line option psychological test in the assessment of chronic pain patients. See psychological evaluations. 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, key to DSM-IV criteria, brief, appropriate for ages 13-20. Weaknesses: limited to assessment of depression, easily faked, scale is unable to identify a non-depressed state, and thus is very prone to false positive findings. Should not be used as a stand-alone measure, especially when secondary gain is present. A request was made for Beck anxiety inventory, one time every 6 weeks. The request was non-certified by utilization review which provided the following rationale for its decision: "the most recent documentation does not indicate objective functional improvement or symptomatic improvement with prior sessions. There is also no indication on number of sessions completed however, date of injury is 1999. At this time the request is recommended for non-certification based on lack of recent documentation to indicate functional improvement. The request for BDI and BAI are not supported as the request of psychotherapy is not indicated. The documentation indicates there has been no benefit in the inventory scores with treatment. This IMR will address a request to overturn utilization review decision. While it is essential that a treating psychologist or therapist monitor and document patient progress including objectively measured indices of functional improvement (for example changes in activities of daily living, decreases in medication use or reliance on medical treatment, reduction in work restrictions if applicable, increased socialization and exercise etc.) and this might include repeated administration of the Beck depression inventory and/or Beck anxiety inventory along with other paper and pencil assessment tools to measure functional improvement, this task is conducted as a routine part of the treatment of a patient and not as a separate event. ODG states that this test is "limited to assessment of depression, easily faked, scale is unable to identify a non-depressed state, and thus is very prone to false positive findings. Should not be used as a stand-alone measure, especially when secondary gain is present." Furthermore, because the requested psychotherapy is not authorized, the need for psychological assessment is negated. For these reasons the medical necessity of the request is not established and therefore the utilization review decision is upheld. The request is not medically necessary.

Beck depression inventory, 1 time every 6 wks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - BDI-II (Beck Depression Inventory, 2nd edition).

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, topic: Beck depression inventory. March 2015 update.

Decision rationale: A request was made for Beck depression inventory, one time every 6 weeks. The request was non-certified by utilization review which provided the following rationale for its decision: "the most recent documentation does not indicate objective functional improvement or symptomatic improvement with prior sessions. There is also no indication on number of sessions completed however, date of injury is 1999. At this time the request is recommended for non-certification based on lack of recent documentation to indicate functional improvement. The request for BDI and PAI are not supported as the request of psychotherapy is not indicated. The documentation indicates there has been no benefit in the inventory scores with treatment. This IMR will address a request to overturn utilization review decision. Citation summary: MTUS is silent with regards to this assessment tool. It does however discuss the Beck Depression Inventory, a similarly standardized instrument and this will be used to discuss this request. The official disability guidelines state that the BDI is recommended as a first line option psychological test in the assessment of chronic pain patients. See psychological evaluations.

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