

Case Number:	CM15-0141870		
Date Assigned:	07/31/2015	Date of Injury:	12/20/2011
Decision Date:	09/08/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/21/2015

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 was a 54 year old female, who sustained an industrial injury, December 20, 2011. The injured worker previously received the following treatments Ambien, Xanax, Zoloft, Naproxen, Nortriptyline and Phenyton for seizures. The injured worker was diagnosed with major depressive disorder, insomnia, chronic depression, partner relational problems, insomnia and chronic pain. According to progress note of April 29, 2015, the injured worker's chief complaint was depression. The injured worker reported the current medications were working. The injured worker was paying for mediations out of pocket. The injured worker reported the crying spells have become worse and more severe and more frequent. The injured worker reported become more irritable, more anxious, and more sensitive to even insignificant stressors. The injured worker felt her life was falling apart. The treating physician suggested further treatment to evaluate the injured worker. The treatment plan included 20 sessions of psychotherapy, Beck anxiety inventory 1 times a month for one year, Beck depression inventory 1 times a month for one year and Medication management 1 times a month for one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 20 sessions (once weekly individual outpatient CBT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological.

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, 20 sessions (once weekly individual outpatient CBT), the request was modified by utilization review to allow for 6 sessions on a trial basis. Utilization review provided the following rationale for its decision: "given that the patient is starting treatment with a new therapist, it is reasonable to assess her response before considering extended care." This IMR will address a request to overturn that decision and approve 20 weekly sessions. 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. Medical necessity the request exceeds industrial guidelines for this treatment modality. The MTUS guidelines recommend 6 to 10 sessions of cognitive behavioral therapy, whereas the official disability guidelines recommend a course of psychological treatment consist of 13 to 20 sessions. The patient has received unknown quantity of prior psychological treatment. This request is for 20 sessions. There is a stated need to demonstrate patient improvement and benefit in order to continue in cognitive behavioral therapy. The request for 20 sessions does not allow for that process of ongoing assessment of need, benefit, and medical necessity. For this reason the request is not medically necessary.

Beck anxiety Inventory 1 time a month for 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

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 other than in the context of a comprehensive psychological evaluation. The official disability guidelines is also silent regarding the Beck Anxiety Inventory, however, it does address the Beck Depression Inventory which is similarly standardized, the same length of questions and format, and therefore the citation will be applied to this request. The ODG states that it is recommended as a first line option psychological test in the assessment of chronic pain patients and is intended as a brief measure of depression, this test is useful as a screen or as one test in a more comprehensive evaluation. It 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. It should not be used as a stand-alone measure, especially when secondary gain is present. A request has been made for the administration Beck Depression and Anxiety Inventories 1x time a month for 1 year. The request was modified by utilization review to allow for 3 administrations of each. The following is the rationale provided by utilization review for their decision: Authorization is being requested for the patient to attend medication management visits once a month for one year. These visits are to include psychological testing, including the Beck Anxiety Inventory and Beck Depression Inventory. It has been found to be medically appropriate for the patient to be seen for 3 months of psychiatric medication management visits. As such it is also reasonable to allow 3 months of psychological testing. Therefore recommendation is for modification of the request for Beck Anxiety Inventory one time a month for one year and Beck Depression Inventory one time a month for one year to allow for Beck anxiety inventory and Beck Depression Inventory one time a month for 3 months." This IMR will address a request to overturn that decision and allow for 12 months of administration of these tests. The request for one year of Beck Anxiety Inventory administrations is excessive and does not correspond to the quantity of treatment approved. At this juncture the patient has been approved for an initial treatment trial of 6 sessions for approximately 1 1/2 months this request is for 12 months of administration of the Beck Depression Inventory. Therefore, the request exceeds the duration of treatment authorized. Because the request exceeds the duration of treatment authorized, it is found to be excessive and therefore is not medically necessary.

Beck Depression Inventory 1 times a month for 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

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 other than in the context of a comprehensive psychological evaluation. The official disability guidelines however, state that it 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. It 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. It should not be used as a stand-alone measure, especially when secondary gain is present. A request has been made for the administration back depression and anxiety inventory one time a month for 1 year. The request was modified by utilization review. The following is the rationale provided by utilization review for their decision: Authorization is being requested for the patient to attend medication management visits once a month for one year. These visits are to include psychological testing, including the Beck Anxiety Inventory and Beck Depression Inventory. It has been found to be medically appropriate for the patient to be seen for 3 months of psychiatric medication management visits. As such it is also reasonable to allow 3 months of psychological testing. Therefore recommendation is for modification of the request for Beck Anxiety Inventory one time a month for one year and Beck Depression Inventory one time a month for one year to allow for Beck anxiety inventory and Beck Depression Inventory one time a month for 3 months." This IMR will address a request to overturn that decision and allow for 12 months of administration of these tests. Decision as was stated for the BAI: this request for one year of Beck Depression Inventory administrations is excessive and does not correspond to the quantity of treatment approved. At this juncture the patient has been approved for an initial treatment trial of 6 sessions for approximately 1 1/2 months this request is for 12 months of administration of the Beck Depression Inventory. Therefore, the request exceeds the duration of treatment authorized. Because the request exceeds the duration of treatment authorized it is found to be excessive. Therefore, it is not medically necessary.