

Case Number:	CM15-0146894		
Date Assigned:	08/07/2015	Date of Injury:	07/21/1997
Decision Date:	09/04/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/28/2015

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 54-year-old male who sustained an industrial injury on 7-27-97. He had complaints of head, face and right wrist pain. He was diagnosed with contusions of the head, face and right wrist, bilateral orbital fracture, bilateral jaw fracture, right wrist fracture and post traumatic head syndrome. Progress report dated 5-28-15 reports continued complaints of worry, sadness, fatigue, poor sleep, anger, irritability, decreased concentration and fear due to possible reduction of his services. He has bleeding in the right upper area of his mouth when he brushes his teeth. Diagnoses include: cognitive disorder secondary to traumatic brain injury, adjustment disorder mixed with anxiety and depressed mood secondary to stress associated with medical condition. Plan of care includes: continue supportive psychological treatment, request for additional 3 sessions of supportive neuropsychological treatments with cognitive behavioral orientation for the traumatic brain injury to be provided 1 time per month and request transportation to and from appointments. Disability status: reached maximum medical improvement from neuropsychological and psychological bases as of 1-23-12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four beck depression inventory 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 (ODG), Mental Illness & Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, psychological evaluation, page 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, topic: Beck Depression Inventory, March 2015 update.

Decision rationale: Citation summary: 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. 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 has been made for the administration of both the Beck Depression and Beck Anxiety Inventories. The request was non-certified by utilization review with the following rationale provided: "The Beck Depression Inventory is intended to be included psychological testing provided during the examination. This questionnaire is composed of 21 questions the patient answers, the doctor scores, and does not take a significant amount of time. Although a useful part of the examination, there is no medical necessity to bill for them as separately compensable services." This IMR will address a request to overturn this decision. 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.), this task is normally conducted as a routine part of the treatment and patient care in a session and not as a separate event. Additionally, the ODG states regarding the BDI that it 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. In this case the request is for repeated administrations of the BDI as a standalone assessment and thus is inconsistent with the industrial guidelines recommendations for the use of this assessment tool as a part of larger evaluation process usually conducted at the start of treatment. For this reason the medical necessity of the administration of 4 BDI is not established and the UR decision is upheld. The request is not medically necessary.

Four beck anxiety inventory 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 (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, psychological evaluation, page 100-101. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter, topic: Beck Depression Inventory, March 2015 update.

Decision rationale: Citation summary: MTUS is silent with regards to this assessment tool other than in the context of a comprehensive psychological evaluation. Because the test was standardized in the same manner and is otherwise very similar as the BDI, the BDI citation will be applied for this review. The official disability guidelines 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 anxiety, 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 anxiety. Strengths: well-known, well researched, key to DSM-IV criteria, brief, appropriate for ages 13-20. Weaknesses: limited to assessment of anxiety, easily faked, scale is unable to identify a non-anxious 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 has been made for the administration of both the Beck Depression and Beck Anxiety Inventories x4. The request was non-certified by utilization review with the following rationale provided: "The Beck Anxiety Inventory is intended to be included psychological testing provided during the examination. This questionnaire is composed of 21 questions the patient answers, the doctor scores, and does not take a significant amount of time. As this instrument may be helpful, it is part of the typical psychological exam/interaction and does not require separate compensation. Therefore, the prospective request for 4 Beck Anxiety Inventory sessions is recommended for non-certified." This IMR will address a request to overturn this decision. 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.), this task is normally conducted as a routine part of the treatment and patient care in a session and not as a separate event. Additionally, the ODG states regarding the BDI (citation being applied to the BAI) that it 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. In this case the request is for repeated administrations of the BDI as a standalone assessment and thus is inconsistent with the industrial guidelines recommendations for the use of this assessment tool as a part of larger evaluation process usually conducted at the start of treatment. For this reason the medical necessity of the administration of 4 BAI is not established and the UR decision is upheld. The request is not medically necessary.