

Case Number:	CM15-0164385		
Date Assigned:	09/01/2015	Date of Injury:	12/02/1992
Decision Date:	10/05/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/21/2015

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 (IW) is a 59 year old female who sustained an industrial injury on 12/02/1992. The mechanism of the injury is not found in the records reviewed. The injured worker was diagnosed as having: Major depressive disorder, single episode, severe without psych, Other specified trauma-stressor. Related disorder, Partner relational problem, Polysubstance dependence. Treatment to date has included medications and counseling. Currently, the injured worker complains of chronic pain in multiple body parts with associated symptoms of major depressive disorder. Subjective complaints include anxiety, depression, diminished energy, irritability, low self-esteem, periods of crying, and sleep disturbance. Objective findings include anxiety, depression, and obvious physical discomfort. Medications include Prozac, Wellbutrin, and Trazodone. The plan of care is for continuation of current medications and cognitive interactions to improve relaxation, mood stabilization, and improving coping skills. A request for authorization was submitted for: 1. 8 Psychotherapy Sessions. 2. 6 Beck Depression Inventory Sessions. 3. 6 Beck Anxiety Inventory Sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Psychotherapy Sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological intervention, Cognitive behavioral therapy (CBT).

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 8 psychotherapy sessions, the request was modified by utilization review to allow for 4 sessions provided rationale: "the patient showed quantifiable evidence of improvement in her Beck anxiety inventory and Beck depression inventory scores as a result of psychotherapy. Considering documented improvement but continued symptomology, additional psychotherapy is indicated. However, our records show the patient has received at least 6 sessions thus far. Based on the guideline-defined recommendations for treatment, a request for 8 psychotherapy sessions is recommended certified with modification to 4 sessions." This IMR will address a request to overturn the 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 provided medical records support the request for 8 psychotherapy sessions is medically appropriate. The patient presented with severe psychological symptomology at a clinically significant level. The patient presents with major depressive symptoms that are noted in the severe range. The patient is reported to have received an estimated 6 sessions at the time of

this request. Need additional sessions would bring the total to 14 which falls within the range of what is recommended by the Official Disability Guidelines for treatment. The ODG recommends the course of psychological treatment consisting of 13 to 20 sessions maximum with evidence of objectively measured functional improvement. Handwritten treatment progress notes were difficult to read but there was enough evidence in the medical records taken as a whole of sufficient patient benefit from treatment. Therefore the medical necessity of requested been established the utilization review determination is overturned.

6 Beck Depression Inventory Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Beck Depression Inventory; Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Stress and Illness chapter, topic: Beck Depression Inventory-II. August 2015 update.

Decision rationale: The CA-MTUS is silent with regards to this assessment tool other than in the context of a comprehensive psychological evaluation. The Official Disability guidelines state that it is recommended as a first line option psychological test to be used 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 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 6 Beck Depression Inventory sessions, the request was modified by utilization review to allow for one administration of the following provided rationale: "authorizing 6 assessments is not medically necessary. Based on the above- mentioned reasoning a request for 6 Beck depression inventory sessions is recommended certified with modification to one Beck Depression Inventory session. While this is an appropriate test as provided during the routine office visit it is not medically necessary as a separately compensable service or test." This IMR will address a request to overturn the utilization review decision. While it is essential for the clinician to monitor ongoing progress during the course of treatment and that this might sometimes involve using the Beck Depression Inventory along with other screens, the repeated administration of the test is not supported by the quantity of sessions that have been authorized. Six administrations of the Beck Depression Inventory is found to be excessive and not medically necessary therefore the utilization review determination to authorize one administration is upheld.

6 Beck Anxiety Inventory Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Beck Depression Inventory; Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Stress and Illness chapter, topic: Beck Depression Inventory-II. August 2015 update.

Decision rationale: Both the industrial guidelines are silent with regards to the use of the Beck Anxiety Inventory. However, the Official Disability Guidelines does address the use of the Beck Depression Inventory which was developed in standardized and very similar manner, is also a paper and pencil instrument, but similar length and type of questions and therefore the use of the citation from the BDI is acceptable source. The CA-MTUS is silent with regards to this assessment tool other than in the context of a comprehensive psychological evaluation. The Official Disability guidelines state that it is recommended as a first line option psychological test to be used 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 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 6 administrations of the Beck anxiety inventory, the request was modified by utilization review to allow for one administration. This IMR will address a request to overturn the utilization review decision. While it is essential for the clinician to monitor ongoing progress during the course of treatment and that this might sometimes involve using the Beck Anxiety Inventory along with other screens, the repeated administration of the test is not supported by the quantity of sessions that have been authorized. Six administrations of the Beck Anxiety Inventory is found to be excessive and not medically necessary therefore the utilization review determination to authorize one administration is upheld.