

Case Number:	CM15-0164857		
Date Assigned:	09/02/2015	Date of Injury:	04/11/2002
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
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 is a 62 year old male who sustained an industrial injury on 4-11-02. Progress report dated 2-24-15 reports feelings of falling apart with worsening depression and anxiety. Diagnoses include: major depressive disorder, pain dis assoc. with both psychological fact and general medical condition and psychological symptoms affecting medical condition. Plan of care includes: request cognitive behavior therapy to address worsening depression, continue all medications and re-evaluate in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1x12 weeks Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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. Decision: a request was made for psychotherapy 1 x 12 weeks quantity 12; the request was non-certified by utilization review which provided the following rationale for its decision: "With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions), however the patient has shown no improvement so further sessions cannot be authorized per guidelines." This IMR will address a request to overturn the utilization review decision and authorize 12 psychotherapy visits. 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 the requested treatment is not established by the provided documentation. Ten handwritten treatment psychotherapy progress notes were provided for consideration. Progress note started in October 2014 and approximately half of them were found for 2015. The treatment progress notes do not indicate how much treatment the patient has received to date. This information is needed in order to determine whether additional psychotherapy sessions are medically necessary and appropriate according to industrial guidelines. Without knowing how many sessions the patient has received to date, it could not be determined whether additional sessions is consistent with MTUS and official disability guidelines. Handwritten treatment progress notes were difficult to decipher and at times illegible. They did not appear to reflect or discuss patient progress in treatment as defined in terms of patient benefit including objectively measured functional improvement. There was one mention of patient saying that the treatment is helping her to keep her feel same

which is significant but there just was not enough overall discussion of patient benefit from treatment to meet the criteria listed in the industrial guidelines. Therefore the medical necessity for 12 psychotherapy sessions is not established. This is not to say that the patient does not need of psychological treatment only that medical necessity of this request was not established by the provided documentation for the above-mentioned reasons. Because medical necessity was not established the utilization review decision is upheld, therefore is not medically necessary.

Beck anxiety inventory 1x every 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 CA-MTUS and the ODG are silent with regards to this assessment tool. There is mention in both the MTUS and the Official Disability Guidelines of the Beck depression inventory BDI-II, which was standardized and developed in a very similar manner and is also a short paper-and-pencil self administered questionnaire. Therefore, the industrial guidelines discussion of the BDI-II will be applied to this request for the Beck Anxiety Inventory (BAI-II). The MTUS only mentioned the use of the BDI 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. Decision: a request was made for Beck Anxiety Inventory one time a week for 6 weeks; the request was non-certified by utilization review which provided the following rationale for its decision: "there is no good research on justifying the usefulness of the Beck scales in monitoring the severity of illness over time. A primary care study of depression and anxiety indicates that the Beck scales reflect the severity of anxiety and depression in primary care patients with different disorders. The use of such questionnaires may improve the care that is provided and is desirable from the viewpoint of primary care patients. However, as the use of questionnaires and primary care is not common practice, this should be stimulated by means of guidelines, training and education. For the research would be needed to evaluate the usefulness of the Beck scales in monitoring the severity of symptoms during treatment over time..." This IMR will address a request to overturn the utilization review decision. The medical necessity for 6 administrations of the Beck Anxiety Inventory is not established. This request was submitted in conjunction with the request for continued psychotherapy. The request for continued psychotherapy was not approved due to insufficient documentation of patient benefit from prior treatment as well as session quantity. Without the approval of the corresponding psychotherapy sessions the

administration of this assessment tool is not medically appropriate and therefore the utilization review decision is upheld, therefore is not medically necessary.

Beck depression inventory 1x every 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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. Decision: a request was made for Beck Anxiety Inventory one time a week for 6 weeks; the request was non-certified by utilization review which provided the following rationale for its decision: "there is no good research on justifying the usefulness of the Beck scales in monitoring the severity of illness over time. A primary care study of depression and anxiety indicates that the Beck scales reflect the severity of anxiety and depression in primary care patients with different disorders. The use of such questionnaires may improve the care that is provided and is desirable from the viewpoint of primary care patients. However, as the use of questionnaires and primary care is not common practice, this should be stimulated by means of guidelines, training and education. For the research would be needed to evaluate the usefulness of the Beck scales in monitoring the severity of symptoms during treatment over time." This IMR will address a request to overturn the utilization review decision. The medical necessity for 6 administrations of the Beck Depression Inventory is not established. This request was submitted in conjunction with the request for continued psychotherapy. The request for continued psychotherapy was not approved due to insufficient documentation of patient benefit from prior treatment as well as session quantity. Without the approval of the corresponding psychotherapy sessions the administration of this assessment tool is not medically appropriate and therefore the utilization review decision is upheld, therefore is not medically necessary.