MAXIMUS Federal Services

Case Number:	CM15-0166593		
Date Assigned:	09/04/2015	Date of Injury:	08/18/2009
Decision Date:	10/13/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/25/2015

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 57 year old male who sustained an industrial injury on 8-18-09. The Psychiatric Evaluation Report, dated 5-28-15, indicates that his initial injuries "involve orthopedic injuries" and that he has "experienced intense emotional stress in addition to his orthopedic injuries have made it unable to continue to work". The report states that the "industrial injures have caused additional psychological injuries". His diagnoses include major depression - single episode - moderate to severe - non-psychotic, chronic, pain disorder associated with both psychological factors and a general medical condition, musculoskeletal pain, headache, gastrointestinal distress, sexual dysfunction, obstructive sleep apnea, incontinence, psychosocial stressors, chronic pain due to orthopedic injury, and end of working life due to injury. The recommendations were noted as "provision needs to be made for immediate psychiatric treatment on an industrial basis for symptom reduction and to prevent deterioration. This treatment should consist of individual outpatient cognitive behavioral psychotherapy" and "management and utilization of appropriate psychoactive medication with psychiatric visits every month for the next 6 months".

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy, 20 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Biofeedback Therapy Guidelines; Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines August 2015 update.

Decision rationale: Citation Summary: 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 to 20 sessions of cognitive behavioral therapy. The request was not approved by utilization review which provided the following rationale for its decision: "... This report clearly states that the treatment is not going to cure this patient or believe the patient from the effects of the industrial injury as despite treatment he is going to remain impaired. Also this report does not include any objective functional goals of treatment. Treatment is being requested to simply maintain the status quo. Not approved." 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 medical records provided as being consistent with industrial guidelines do not support the request for 20 sessions of cognitive behavioral therapy. The industrial guidelines recommend a typical course of psychological treatment to consist of 13 to 20 sessions with documentation of objectively measured functional improvement. The patient's prior psychological treatment

history was not provided nor summarized in a comprehensive manner despite a recent psychological evaluation. It is not known how much prior psychological treatment he has received and whether the request for 20 additional sessions would be consistent with industrial guidelines. However because the quantity is reflective of the maximum recommended for most patients according to the Official Disability Guidelines (13 to 20 sessions) the request is excessive in quantity given the likelihood that he has been participating in prior psychological treatment. For this reason the medical necessity the request is not established and utilization review decision is upheld and therefore is not medically necessary.

Beck Anxiety Inventory once every 6 weeks for 6 months: 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 and 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 Stress and Illness chapter, topic: Beck Depression Inventory -II. August 2015 update.

Decision rationale: Citation summary: Both the MTUS and the Official Disability Guidelines are silent with regards to the use of the Beck Anxiety Inventory. However, the ODG does discuss the use of the Beck Depression Inventory (BDI-II) and because the tests are nearly identical in administration, and standardization the citation can be appropriately applied. 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 and should not be used as a stand-alone measure, especially when secondary gain is present. A request was made for administration of the Beck Anxiety Inventory one time every 6 weeks for a period of 6 months, the request was non-certified by utilization review which provided the following rationale for its decision: "since treatment is not indicated, testing is not indicated. Not approved." This IMR will address a request to overturn the utilization review decision. The Beck Anxiety Inventory is not indicated. Per the guidelines, the BDI (citation is used here for BAI) is recommended for a brief measure of depression however it should not be used as a stand-alone test is prone to false positive findings. 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 an occasional 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. 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 and 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 stand-alone assessment and thus is inconsistent with the industrial guidelines recommendations for the use of this assessment tool. For these reasons the medical necessity the requested assessment tool administration is not established and therefore the utilization review decision for non-certification is upheld and therefore is not medically necessary.

Beck Depression Inventory once every 6 weeks for 6 months: 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 and 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 Stress and Illness chapter, topic: Beck Depression Inventory -II. August 2015 update.

Decision rationale: Mental Stress and Illness chapter, topic: Beck Depression Inventory -II. August 2015 update: Citation summary: 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 and should not be used as a stand-alone measure, especially when secondary gain is present. A request was made for administration of the Beck Depression Inventory one time every 6 weeks for a period of 6 months, the request was non-certified by utilization review which provided the following rationale for its decision: "since treatment is not indicated, testing is not indicated. Not approved." This IMR will address a request to overturn the utilization review decision. The Beck Depression Inventory is not indicated. Per the guidelines, the BDI is recommended for a brief measure of depression however it should not be used as a stand-alone test is prone to false positive findings. 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 an occasional 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. 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 and 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 stand-alone assessment and thus is inconsistent with the industrial guidelines recommendations for the use of this assessment tool. For these reasons the medical necessity the requested assessment tool administration is not established and therefore the utilization review decision for non-certification is upheld and therefore is not medically necessary.

Medication management once every month for 6 months: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Stress-Related Conditions 2004. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, pages 114-117; Chapter 4: Work Relatedness, pages 57-66;.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, Follow-up. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Topic: Office Visits, August 2015 Update.

Decision rationale: Citation summary: The MTUS addresses the issue of psychiatric referral by stating "if symptoms become disabling despite primary care interventions or persist beyond three months, referral to a mental health professional is indicated". Also, "specialty referral may be necessary when patients have significant psychopathology or serious medical co-morbidity. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions such as mild depression referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person job fit may be handled effectively with pop therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, a mid-level practitioner can follow patients with stress-related complaints every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. The Official Disability Guidelines (ODG) addresses Office Visits, Evaluation and Management (E&M) stating that they are a recommended to be determined as medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and returned a function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care professional is individualized based on a review of the patient's concerns, signs and symptoms,

clinical stability, and reasonable physician judgment". A request was made for medication management once every month for 6 months; the request was not approved by utilization review with the following provided rationale: "not approved per the same rationale noted above (referring to the request for 20 cognitive behavioral therapy sessions and Beck assessment indices). This IMR will address a request to overturn the utilization review decision. The medical necessity for the request for medication management was marginally established. The patient remains depressed at a clinically significant level and is experiencing psychiatric symptomology that appears, based on the medical records provided, to necessitate psychotropic medication management. According to a May 25, 2015 psychological evaluation the patient is diagnosed with Major Depression, single episode, Moderate to severe, non-psychotic, chronic and Pain Disorder Associated with both Psychological Factors and a General medical condition. It should be noted that the requested duration of this request (6 months of treatment 1 x a month) is slightly excessive; however an exception will be made in this case as it appears medically reasonable, appropriate, and necessary: therefore the utilization review determination is overturned and therefore is medically necessary.