

Case Number:	CM15-0180888		
Date Assigned:	09/22/2015	Date of Injury:	11/07/1991
Decision Date:	10/28/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/14/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 67-year-old female, with a reported date of injury of 11-07-1991. The diagnoses include major depressive disorder, cognitive disorder, and pain disorder related to psychological factors. Treatments and evaluation to date have included home health care, psychotherapy, Wellbutrin, Lexapro, Klonopin, Fentanyl, Dilaudid, and Amrix. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 08-18-2015 indicates that the injured worker had continued anxiety, depression, and chronic pain. It was noted that she had concern over pain management. The injured worker's levels of anxiety and depression remained high. The subjective complaints include anger, anxiety, depression, diminished energy, impaired concentration, impaired memory, low self-esteem, panic attack, periods of crying, sleep disturbance, social withdrawal. The objective findings include anxiety, depression, impaired concentration, obvious physical discomfort. The Beck Depression Inventory score was 56 and the Beck Anxiety Inventory score was 60. The injured worker's work status was indicated as 100% disabled. The treating physician requested cognitive behavioral therapy once a week for twelve weeks, Beck Anxiety Inventory once every six weeks, and Beck Depression Inventory once every six weeks. On 09-08-2015, Utilization Review (UR) non-certified the request for cognitive behavioral therapy once a week for twelve weeks, Beck Anxiety Inventory once every six weeks, and Beck Depression Inventory once every six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cognitive behavioral therapy (12) 1 time a week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological evaluations.

Decision rationale: The MTUS Chronic Pain Guidelines recommend behavioral interventions such as cognitive behavioral therapy (CBT) for those with chronic pain as it reinforces coping skills and reduces physical dependence on medication and physical therapy. Initially, this therapy should be in the form of physical medicine for exercise instruction using a cognitive motivational approach, but psychotherapy CBT referral after 4 weeks with lack of progress from medication and physical medicine alone is recommended (initial trial of 3-4 psychotherapy visits over 2 weeks with a total of up to 6-10 visits over 5-6 weeks with evidence of functional improvement). The MTUS also states that psychological evaluations are recommended for widespread use in chronic pain populations, but should determine if further psychosocial interventions are indicated. If psychological treatment is appropriate, based on the evaluation, psychological interventions such as behavioral therapy and self-regulatory treatments may be helpful. The MTUS also suggests that the primary treating physician screen for patients that might benefit from psychological intervention and referral, including those who continue to experience pain and disability after the usual time of recovery and if psychological care with other treatment methods are still not sufficient to reduce pain and increase function, then more intensive care from mental health professionals may be recommended. In the case of this worker, there was record of having completed multiple CBT sessions over a prolonged period of time. However, the record suggests that there were insignificant positive effects from this therapy. Therefore, it appears unlikely that continued CBT would be helpful for this worker, considering the lack of evidence of benefit of CBT in the past. This request, therefore, will be considered not medically necessary.

Beck anxiety inventory (2) 1 time every 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Psychological evaluations.

Decision rationale: The MTUS Guidelines do not mention Beck anxiety inventory. However, the ODG states that psychological evaluations are generally accepted, well-established diagnostic procedures with not only selected use in pain problems, but also with more widespread use in sub acute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work

related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Psychometrics can be part of the physical examination, but in many instances, this requires more time than may be allocated to the examination. In addition, it should not be bundled into the payment but rather should be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. In the case of this worker, there was record of the provider having used the Beck anxiety inventory periodically to assess the worker's anxiety levels. However, frequent use of this tool did not appear to be helpful as frequently as it was used as the results have been similar each time measured. In addition, this method of screening should not be used alone. Therefore, continued use of this inventory cannot be considered medically necessary at this time.

Beck depression inventory (2) 1 time every week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 section, BDI II (Beck Depression Inventory-2nd edition).

Decision rationale: The MTUS Guidelines do not specifically mention the Beck Depression Inventory. The ODG, however, 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. However, although this test is useful as a screen, it should not be used as a stand-alone measure, especially when secondary gain is present. In addition, it is limited, as it may be easily faked and is unable to identify a non-depressed state, and is thus very prone to false positive findings. In the case of this worker, there was record of the provider having used the Beck depression inventory periodically to assess the worker's depression levels. However, frequent use of this tool did not appear to be helpful as frequently as it was used as the results have been similar each time measured. In addition, this method of screening should not be used alone. Therefore, continued use of this inventory cannot be considered medically necessary at this time.