

Case Number:	CM15-0185898		
Date Assigned:	10/02/2015	Date of Injury:	11/17/2011
Decision Date:	11/10/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/21/2015

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:

This injured worker is a 65 year old male, who sustained an industrial injury on 11-17-2011. The injured worker was diagnosed as having post-traumatic stress disorder, major depressive disorder and insomnia related to depressive disorder and post-traumatic stress disorder. On medical records dated 08-12-2015, the subjective complaints were noted as depression, phobic avoidance of situations that rekindle memories of the traumatic events and preoccupation with the industrial stressor leading to this illness and post-traumatic stress disorder symptoms. Objective findings were noted as depressed and having avoidance behavior. Becks depression inventory and Becks anxiety inventory was not noted on this visit. Treatments to date included medications and an unclear number of completed psychotherapy sessions. The injured worker was noted to be not working. Current medications were not listed 08-12-2015. The Utilization Review (UR) was dated 08-29-2015. A Request for Authorization was dated 08-19-2015. The UR submitted for this medical review indicated that the request for cognitive behavioral therapy visit #16 was modified, Beck Depression Inventories #2 and Beck Anxiety Inventories #2 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy visits, quantity: 16: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, 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: 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) recommended a more extended course of psychological 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. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: 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 a meta-analysis of 23 trials. Decision: a request was made for 16 sessions of cognitive behavioral therapy, the request was modified by utilization review which provided the following (edited) rationale for its decision: according to a progress report from August 12, 2015. The patient's diagnoses included Post-traumatic Stress Disorder, Severe Major Depressive Disorder and Insomnia. Prior cognitive behavioral therapy had resulted in reduced depression symptoms and increased activity levels. Records show that the patient had completed 34 cognitive behavioral therapy sessions over the preceding two years. The patient appears to be a candidate for cognitive behavioral therapy. The patient has symptoms of depression and post-traumatic stress disorder and is diagnosis includes severe major depression. As guidelines recommend up to 50 visits of cognitive therapy for severe cases of major depression if progress is made and there were significant reductions and outcome assessment tools. However eight sessions are recommended at this time. 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. Given that the patient has reportedly received 34 sessions of cognitive behavioral therapy during this course of psychological treatment for his industrial injury related to psychological sequelae, the request for 16 sessions would bring the total to 50 which would represent the maximum recommended quantity of treatment for this patient's diagnosis. According to an April 18, 2013 Panel Qualified Medical Re-examination, the patient has been participating in weekly psychological treatment was [REDACTED] suggesting that perhaps the patient has received more than the 34 sessions indicated by utilization review although this could not be determined definitively. Given that the patient has been afforded a lengthy course of psychological treatment already, and utilization review did modify the request to allow for eight additional bring the total to 42, the medical appropriateness of 16 additional sessions as he approaches the upper threshold session quantity appears to be excessive. The treatment progress notes do not discuss preparing the patient for transition to independent functioning psychologically. The current treatment progress notes are handwritten and very difficult to decipher. It is not clear what is currently transpiring in his psychological treatment, there does not appear to be a comprehensive treatment plan with stated goals and estimated dates of accomplishment. Because the treatment progress notes are nearly impossible to read it's not possible to determine what types of benefit is currently being derived from the treatment process which appears to been going on since late 2012. At this juncture the medical necessity for 16 additional sessions is not supported on an industrial basis for these reasons and the utilization review decision for modification is upheld. The request is not medically necessary.

Beck depression inventories, quantity: 2: 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: BDI-II (Beck Depression Inventory-2ed edition) (2015).

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 two administrations of the Beck Depression Inventory, the request was non-certified by utilization review which provided the following rationale for its decision: "Beck Depression Inventories seem appropriate for the patient, but should be included in a routine office visit that are not separately commensal. As mentioned above, these tests are relatively simple and do not require significant provider

involvement. Beck Depression Inventory's are valuable outcome assessment tools, and should be administered to monitor progress, but should not be billed separately. Based on the aforementioned, the request for two Beck Depression Inventory's is recommended non-certified." This IMR will address a request to overturn the utilization review decision. Decision: the medical necessity of this request for two administrations of the Beck Depression and Anxiety Inventories is not established. These 21 item questionnaires are self administered paper and pencil assessment tools. They can be completed in under five minutes without supervision or administrative attention. It is essential that therapists monitor the ongoing progress of treatment and assess patient response, however this task is a essential part of the treatment session itself. The use of these assessment tools at the beginning of the treatment process as part of a comprehensive intake evaluation and a larger body of psychological assessment is reasonable, however the use of it as an ongoing assessment tool by itself should be included as part of the authorized treatment session rather than a separate treatment protocol. Therefore the medical necessity of the request is not established and the UR decision is upheld. The request is not medically necessary.

Beck anxiety inventories, quantity: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. It does mention the use of the Beck Depression inventory which is a similar self-administered brief questionnaire other than in the context of a comprehensive psychological evaluation. Both tests were standardized in a similar manner, have similar psychometric properties and both are self administered 21 item questionnaires. Therefore, the industrial guidelines the Beck Depression Inventory will be used for this request. The Official Disability guidelines state that the BDI 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. Unlike the Beck Depression Inventory, the Beck Anxiety Inventory is not referenced in either the MTUS or the ODG specifically. A request was made for two administrations of the Beck Anxiety Inventories; the request was non-certified by utilization review which provided the following rationale for its decision: "Beck Anxiety Inventories do seem appropriate for the patient, however, they are not medically necessary as separate compensable services or tests. These tests can be provided during routine office visits, as they can be completed by the patient within a few minutes and do not require significant provider involvement or time to administer. While Beck Anxiety Inventories are validated objective

outcome measures, they are generally a component of the office visit and not separately billable." This IMR will address a request to overturn the utilization review decision. Decision: the medical necessity of this request for two administrations of the Beck Depression and Anxiety Inventories are not established. These 21 item questionnaires are self administered paper and pencil assessment tools. They can be completed in under five minutes without supervision or administrative attention. It is essential that therapists monitor the ongoing progress of treatment and assess patient response, however this task is a essential part of the treatment session itself. The use of these assessment tools at the beginning of the treatment process as part of a comprehensive intake evaluation and a larger body of psychological assessment is reasonable, however the use of it as an ongoing assessment tool by itself should be included as part of the authorized treatment session rather than a separate treatment protocol. The request is not medically necessary.