

Case Number:	CM15-0208354		
Date Assigned:	10/27/2015	Date of Injury:	06/02/2012
Decision Date:	12/16/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/22/2015

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 52 year old male, who sustained an industrial injury on June 2, 2012. The injured worker suffered a hit to the face in which he "blacked out." The injured worker was currently diagnosed as having chronic post-traumatic stress disorder, musculoskeletal pain and chronic pain due to orthopedic injury. Treatment to date has included diagnostic studies, medication, trigger point injections and psychological treatment. On August 11, 2015, the injured worker described his mood as severely depression and anxious with continuing severe paranoia. He also reported suicidal ideation with fluctuations between passive and active suicidal ideation. He was noted to have severe anxiety symptoms and panic attacks that occur practically on a daily basis. On October 15, 2015, utilization review denied a request for medication management #36. A request for Beck Depression Inventory (every 6 weeks) #26 was modified to Beck Depression Inventory (every 6 weeks) #2. A request for Beck Anxiety Inventory (every 6 weeks) #26 was modified to Beck Anxiety Inventory (every 6 weeks) #2. A request for cognitive behavioral therapy #50 was modified to cognitive behavioral therapy #6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management #36: 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, Office visits.

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

Decision rationale: 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, patients with stress-related complaints can be followed by a mid-level practitioner 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. Decision: a request was made for medication management everyone three months from 2 to 3 years quantity 36; the request was non-certified by utilization review which provided the following rationale for its decision: "The patient is reluctant to utilize medications and there is no evidence that he is on any medications at this time. The request is therefore denied." This IMR will address a request to overturn the utilization review determination. Although based on the medical records psychiatric medications appear to be a reasonable treatment intervention for this patient, assuming that he was interested in taking at which is unclear whether or not he is, the request for 36 sessions or the equivalent of 2 to 3 years of treatment is not medically appropriate or necessary due to excessive quantity of the request. The need for ongoing documentation of patient benefit and improvement in need of medical necessity to be reestablished every 3 to 6 months is essential and necessary in order to authorize psychiatric treatment. In this case 36 sessions to be held over to the three-year period is not consistent with industrial treatment guidelines and therefore the medical necessity the request is not established and utilization review decision is upheld for that reason. This is not to say that any psychiatric interventions would be inappropriate for the patient, only that the request as submitted is excessive and therefore the medical necessity is not established.

Beck depression inventory every 6 weeks #26: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. 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: 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 administration of the Beck Depression Inventory every 6 weeks for 26 administrations, the request was modified by utilization review to allow for two administrations. Utilization review provided the following rationale for its decision: "The Beck Depression Inventory scale is useful to rate subjective symptoms of depression. It is most helpful the beginning of treatment to establish a baseline, and periodically to evaluate current status. This request for 26 sessions is not reasonable. The patient should be given one at baseline and periodically reassess. This request is modified to quantity to partial certification" this IMR will address a request to overturn the utilization review decision. Although the Beck depression inventory is recommended as a part of an initial psychological treatment evaluation and assessment, the repeated use of the test also can be useful a periodic basis however this request is excessive in quantity. The official disability guidelines recommend a typical course of psychological treatment to consist of 13 to 20 sessions maximum. Sometimes an extended course of psychological treatment is needed in the cases of the most severe Major Depressive Disorder or PTSD symptomology. In this case that may apply, however it is yet to be determined whether or not patient is benefiting from treatment with objectively measured functional improvement. Is not clear that 26 psychological treatment sessions will be needed. Because this request is excessive the utilization review decision is upheld as medical necessity is not established.

Beck anxiety inventory every 6 weeks #26: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Stress and Illness chapter, topic: Beck Depression (use for the anxiety) Inventory -II. August 2015 update.

Decision rationale: Citation summary: 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 administration of the Beck Anxiety Inventory every 6 weeks for 26 administrations, the request was modified by utilization review to allow for two administrations. Utilization review provided the following rationale for its decision: "The Beck Depression Inventory scale is useful to rate subjective symptoms of depression. It is most helpful the beginning of treatment to establish a baseline, and periodically to evaluate current status. This request for 26 sessions is not reasonable. The patient should be given one at baseline and periodically reassess. This request is modified to quantity to partial certification." this IMR will address a request to overturn the utilization review decision. According to the MTUS the Beck Anxiety Inventory is not included in a long list of a recommended initial psychological treatment evaluation and assessment instruments. However, it still has some utility in measuring patient anxiety levels at the start and during treatment on a periodic basis however this request is excessive in quantity. The official disability guidelines recommend a typical course of psychological treatment to consist of 13 to 20 sessions maximum. Sometimes an extended course of psychological treatment is needed in the cases of the most severe Major Depressive Disorder or PTSD symptomology. In this case that may apply, however it is yet to be determined whether or not patient is benefiting from treatment with objectively measured functional improvement. Is not clear that 26 psychological treatment sessions will be needed. Because this request is excessive the utilization review decision is upheld as medical necessity is not established.

Cognitive behavioral therapy #50: 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, Cognitive therapy for PTSD, Psychotherapy guidelines.

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: 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) recommend 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 cognitive behavioral therapy 50 sessions; the request was modified by utilization review which provided the following rationale for its decision: "per ODG in cases of severe major depression or PTSD up to 50 sessions may be provided if progress is being made. An initial trial should be given with evaluation objective functional improvement before further services are certified. Patient received 20 individual sessions until August 2004 (? date) per [REDACTED] report above, which he did not find helpful. This request is modified to quantity six sessions partial certification." 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. Although psychological treatment appears to be indicated for this patient the request for 50 sessions is excessive. The MTUS guidelines recommend 6 to 10 sessions maximum, and the ODG recommends 13 to 20 sessions for most patients is a typical course of treatment. While the ODG does state that in cases of severe major depressive disorder and PTSD additional sessions up to 50 maximum can be provided, which may apply in this case, the need for continued assessment of patient benefit from the treatment on an ongoing basis as well as establishing medical necessity with objectively measured functional indices of patient improvement that result directly from the treatment is needed. This request is essentially for the maximum treatment quantity recommended to be authorized all at once at the initial treatment onset. The request is not follow the MTUS or ODG protocol for an initial brief treatment trial consisting of 3 to 4 sessions (MTUS) or 4 to 6 sessions (ODG) in order to determine patient response to treatment prior to authorizing additional sessions. For this reason, the medical necessity the request was not established due to excessive quantity of the request itself and therefore the utilization review decision is upheld. This is not to say that the patient does, or does not, not required further psychological treatment on an industrial basis, only that the request is excessive and therefore not medically necessary or appropriate.