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| Case Number: | CM15-0208950 | | |
| Date Assigned: | 10/27/2015 | Date of Injury: | 01/31/2012 |
| Decision Date: | 12/11/2015 | UR Denial Date: | 10/05/2015 |
| Priority: | Standard | Application Received: | 10/23/2015 |

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 54 year old male, who sustained an industrial injury on 1-31-2012. Medical records indicate the worker is undergoing treatment for Major Depressive Disorder. A recent progress report dated 9-11-2015, reported the injured worker complained of anhedonia, anger, anxiety, irritability, impaired memory, preoccupation with industrial stressors and depression. Physical examination revealed cognitive behavior therapy skills helped him cope better with his mood. The provider noted the injured worker had decreased anxiety and reduction in angry outbursts. Treatment to date has included psychotherapy and medication management. On 9-29-2015, the Request for Authorization requested Beck Anxiety Inventory x6 and Beck Depression Inventory x6. On 10-5-2015, the Utilization Review modified the request for Beck Anxiety Inventory x6 and Beck Depression Inventory x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Beck Anxiety Inventory 1 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Diagnostic Testing, and Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. Decision based on Non-MTUS Citation http://www.anthem.com/medicalpolicies/guidelines/gl_pw_a053761.htm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. Decision based on Non-MTUS Citation Mental illness and stress chapter, Topic: Beck Depression Inventory, 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. Decision: A request was made for six administrations of the Beck Anxiety Inventory and the Beck Depression Inventory; both requests were modified by utilization review to allow for one administration of each test. Utilization review provided the following rationale for its decision: The request for a psychological evaluation using Beck (inventories) is reasonable to monitor patient's progress and determine if further psychosocial interventions are needed. Following completion of treatment and reassessment, further recommendations can be made regarding psychotherapy and evaluation. Recommended partial certification of Beck Anxiety (Depression) Inventory x 1. This IMR will address a request to overturn the utilization review decision. The request for 6 repeated administrations of the Beck Anxiety Inventory is not recommended by the industrial guidelines as a measure of functional improvement on a repeated basis for psychological treatment outcome measurement. Therefore the medical necessity of the request is not established and utilization review decision is upheld, therefore is not medically necessary.

Beck Depression Inventory 1 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Diagnostic Testing, and Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. Decision based on Non-MTUS Citation http://www.anthem.com/medicalpolicies/guidelines/gl_pw_a053761.htm.

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) 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 six administrations of the Beck Anxiety Inventory and the Beck Depression Inventory, both requests were modified by utilization review to allow for one administration of each test. Utilization review provided the following rationale for its decision: "The request for a psychological evaluation using Beck (inventories) is reasonable to monitor patient's progress and determine if further psychosocial interventions are needed. Following completion of treatment and reassessment, further recommendations can be made regarding psychotherapy and evaluation. Recommended partial certification of Beck Anxiety (Depression) Inventory x 1." This IMR will address a request to overturn the utilization review decision. 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 typically 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 6 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. Therefore is not medically necessary.