

Case Number:	CM15-0211167		
Date Assigned:	10/30/2015	Date of Injury:	09/15/2011
Decision Date:	12/15/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/27/2015

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 is a 49 year old female with a date of injury of September 15, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive disorder, single episode. Medical records dated June 15, 2015 indicate that the injured worker reported recent increased depression and anxiety that required treatment in a psychiatric facility due to suicidal ideation. Records also indicate that the injured worker complained of anger, diminished energy, irritability, low self-esteem, periods of crying, sleep disturbance, and social withdrawal. A progress note dated August 20, 2015 documented reported "Some progress as pet sitting has turned into therapeutic situation and forced her to do what has been impossible". Records also indicate that the injured worker complained of anhedonia, anger, anxiety, appetite disturbance, depression, diminished energy, flashbacks, hypersomnia, impaired memory, irritability, low self-esteem, nightmares, panic attacks, paranoid ideation, periods of crying, sleep disturbance, and social withdrawal. Per the treating physician (August 20, 2015), the employee was not working. The exam dated June 15, 2015 reveals agitation, anxiety, confusion, depression, tearfulness, and that the injured worker was poorly groomed. The treating physician noted that the injured worker had a score of 48 on the Beck Depression Inventory, and a score of 31 on the Beck Anxiety Inventory. The progress note dated August 20, 2015 documented a examination that showed anger, anxiety, depression, impaired concentration, memory impairment, obvious physical discomfort, tearfulness, and suicidal ideation. The treating physician noted that the injured worker had a score of 28 on the Beck Depression Inventory, and a score of 22 on the Beck Anxiety Inventory. Treatment has included psychotherapy and

medications (Trazodone, Wellbutrin, and Cymbalta). The utilization review (October 12, 2015) non-certified a request for twelve sessions of cognitive behavioral therapy, Beck Anxiety Inventory one time every six weeks, and Beck Depression Inventory one time every six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy, 1 time weekly for 12 weeks, 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Cognitive therapy for general stress.

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) 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. A request was made for cognitive behavioral therapy sessions one time per week for 12 weeks, total of 12 sessions. The request was non-certified by utilization review which provided the following rationale for its decision: "This patient is noted to have Major Depression and Binge Eating Disorder. It is also noted that the patient has had ongoing psychotherapy in the past with [REDACTED], however, there is not objective functional improvement noted with prior sessions. Further, records provided for review did not contain documentation psychiatric problem with full formal mental status

examinations independent of pain issues, which the treating provider claims is the case in the referral. Therefore at this time the request is not certified." This IMR will address a request to overturn the UR decision of non-certification and approve 12 additional CBT sessions. 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 necessity of the requested treatment is not substantiated by the provided documentation. Over 600 pages of medical records were carefully considered for this IMR. The provided documentation does substantiate the patient continues to report significant psychological and psychiatric symptomology the clinically significant level, and that this is recently resulted in hospitalization episodes. The medical records also indicate that the patient has been participating in ongoing psychiatric treatment with some benefit as noted by increased functionality evidenced in a improvement resulting from work as a pet center that has had therapeutic effects as well. However, the medical records also indicate (see comprehensive psychiatric report July 21, 2015) that the patient has been receiving psychological treatments and September 2013. The medical records do not contain information regarding the specific quantity of treatment received to date. The MTUS guidelines recommend 6 to 10 sessions for most patients whereas the official disability guidelines ODG recommended 13 to 20 sessions. An exception is made according to the ODG psychological treatment recommendations to allow for up to 50 sessions are one year of treatment for most patients with symptoms of severe Major Depressive Disorder or severe PTSD. This exception does appear to apply to this patient. However, it appears that she has perhaps already exceeded that amount of treatment. Is not known when she began her psychological and psychiatric treatment. However, there are indications dating back, according to a May 27, 2014 reports of treatment in 2013. A report from December 5, 2011 from the [REDACTED] suggest further ongoing treatment dating back to 2011. It appears likely that she has received many years of treatment already to date for this industrial injury, but the exact duration could not be determined by the provided medical records. Because the total quantity of treatment received is not known it could not be reasonably estimated by the provided documentation the medical necessity of this request was not established on that basis. Therefore, the utilization review determination for non-certification is upheld. The request is not medically necessary.

Beck anxiety inventory, 1 time every 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Cognitive therapy for general stress.

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 (substituted for Beck Anxiety 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 Beck anxiety and Beck depression inventories one time every six weeks. Both requests were non-certified by utilization review, which provided the following rationale for its decision: "There is no rationale at this time as to how continual use of these tools is having an effect on patient outcomes. The patient is noted to still be depressed, and has not returned to work. Further the patient was not recommended to continue ongoing cognitive behavioral therapy and the BAI and BDI are not supported for stand-alone use." This IMR will address a request to overturn the utilization review determination for non-certification. The medical necessity the request for administration of the Beck Anxiety Inventory one time every six weeks is not established by the provided documentation. The request itself is nonspecific in terms of quantity of administrations being requested and is open-ended. The medical necessity for open-ended administrations of Beck Anxiety Inventory without clearly stated specific quantity would not be medically necessary. Although the specificity is provided in terms of frequency of administrations as one time every six weeks, there is no endpoint of the request suggesting indefinite ongoing administrations of this assessment tool. In addition, because additional cognitive behavioral therapy is not certified at this juncture for this patient, there would be no need for continued administration of the requested assessment tool. Therefore, the medical necessity is not established and utilization review decision is upheld. The request is not medically necessary.

Beck depression inventory, 1 time every 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Cognitive therapy for general stress.

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: 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 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. Decision: a request was made for Beck anxiety and Beck depression inventories one time every six weeks. Both requests were non-certified by utilization review, which provided the following rationale for its decision: "There is no rationale at this time as to how continual use of these tools is having an effect on patient outcomes. The patient is noted to still be depressed, and has not returned to work. Further the patient was not recommended to continue ongoing cognitive behavioral therapy and the BAI and BDI are not supported for stand-alone use." This IMR will address a request to overturn the utilization review determination for non-certification. The medical necessity the request for administration of the Beck Depression Inventory one time every six weeks is not established by the provided documentation. The request itself is non-specific in terms of quantity of administrations being requested and is open-ended. The medical necessity for open-ended administrations of Beck Depression Inventory without clearly stated specific quantity would not be medically necessary. Although the specificity is provided in terms of frequency of administrations as one time every six weeks, there is no endpoint of the request suggesting indefinite ongoing administrations of this assessment tool. In addition, because additional cognitive behavioral therapy is not certified at this juncture for this patient, there would be no need for continued administration of the requested assessment tool. Therefore, the medical necessity is not established and utilization review decision is upheld. The request is not medically necessary.