MAXIMUS Federal Services

Case Number:	CM15-0214433		
Date Assigned:	11/04/2015	Date of Injury:	11/17/2006
Decision Date:	12/16/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/30/2015

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 56 year old female who sustained an industrial injury on 11-17-06. The injured worker reported depression and anxiety. A review of the medical records indicates that the injured worker is undergoing treatments for major depressive disorder and post-traumatic stress disorder. Subjective complaints dated 9-10-15 included anxiety, depression, diminished energy, and impaired concentration. Treatment has included Psychotherapy sessions and cognitive coping skills. Areas of functional improvement dated 9-20-15 were notable for "improved self-esteem and confidence to cope with work stressors...Improved ability to relax and move physical anxiety sxs." The original utilization review (10-8-15) denied a request for Beck anxiety inventory, quantity: 6 and Beck depression inventory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Beck anxiety inventory, quantity: 6: 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 (updated 09/30/2015) 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 (substituted for BAI). 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. According to the provided medical records, the patient has been recently authorized for 12 cognitive behavioral therapy sessions. Although it will be important for the clinician to monitor patient progress in improvement during the course of these sessions, the repeated administration of the Beck Anxiety Inventory at a frequency of every other session is found to be excessive and therefore not medically necessary or appropriate. The administration of the Beck Anxiety Inventory at every other session is redundant and not supported by the industrial guidelines for this reason the utilization review determination of non-certification of this request is upheld. The request is not medically necessary.

Beck depression inventory: 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 (updated 09/30/2015) BDI-II (Beck Depression Inventory-2nd edition).

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 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. For these reasons, the medical necessity of this request is not established and the UR decision is upheld. The request is not medically necessary.