

Case Number:	CM15-0214511		
Date Assigned:	11/04/2015	Date of Injury:	06/19/1995
Decision Date:	12/22/2015	UR Denial Date:	10/09/2015
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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 female, who sustained an industrial injury on 6-19-95. The injured worker was diagnosed as having major depressive disorder-single episode; severe without psychosis; pain disorder associated with both psychological factors and general medical condition; nicotine dependence. Treatment to date has included status post cervical and lumbar surgeries; status post intrathecal pump; status post gastric bypass surgery; psychological therapy; medications. Currently, the PR-2 notes dated 9-15-15 indicated the injured worker complains of tightness due to anxiety. The providers note is hand written and difficult to decipher. It appears the injured worker was last seen in this office on 8-10-15. The treating physician notes that "Xanax works better than Ativan and wants to switch. She has positive benefit from Lexapro. Negative findings for suicidal ideation and patient requesting cognitive behavioral therapy for depression and anxiety. There are multiple hand written PR-2 notes that indicate the injured worker has been receiving long term psychiatric therapy. A Request for Authorization is dated 10-30-15. A Utilization Review letter is dated 10-9-15 and non-certification for Back Depression Inventory times x6; Back Anxiety Inventory x6 and Cognitive behavioral therapy x6. A request for authorization has been received for Back Depression Inventory times x6; Back Anxiety Inventory x6 and Cognitive behavioral therapy x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Depression Inventory times qty 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, Psychological treatment. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter; Cognitive Therapy for Depressions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological treatment, Cognitive Behavioral Therapy (CBT) and Other Medical Treatment Guidelines
<http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/beck-depression.aspx>.

Decision rationale: MTUS Pain guidelines and ODG refer to cognitive behavioral psychotherapy as recommended for appropriately identified patients during treatment for chronic pain. MTUS details that "Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work." ODG further states that "Initial therapy for these at risk patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone: - Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." According to the APA (American Psychological Association) the Beck Depression Inventory (BDI) is a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression. The BDI would be part of a cognitive behavioral therapy program to treat and monitor depression. Guidelines recommend an initial trial of 3-4 psychotherapy visits over two weeks. Any additional therapy would be approved based on evidence of objective functional improvement during this trial. This request is in excess of guideline recommendations. As such, the request for Beck Depression Inventory times qty 6 is not medically necessary.

Back Anxiety Inventory qty 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 treatment, Psychological evaluations. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter; Cognitive Therapy for Depressions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological treatment, Cognitive Behavioral Therapy (CBT) and Other Medical Treatment Guidelines <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3879951/>.

Decision rationale: MTUS Pain guidelines and ODG refer to cognitive behavioral psychotherapy as "Recommended for appropriately identified patients during treatment for chronic pain." MTUS details that "Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work." ODG further states that "Initial therapy for these at risk patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone: - Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." According to a recent evidence based medicine article the BAI is a brief measure of anxiety with a focus on somatic symptoms of anxiety that was developed as a measure adept at discriminating between anxiety and depression. The BAI would be part of a cognitive behavioral therapy program to treat and monitor depression. Guidelines recommend an initial trial of 3-4 psychotherapy visits over two weeks. Any additional therapy would be approved based on evidence of objective functional improvement during this trial. This request is in excess of guideline recommendations. As such, the request for Beck Anxiety Inventory qty 6 is not medically necessary.

Cognitive behavioral therapy qty 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, Psychological treatment. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter; Cognitive Therapy for Depressions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological treatment, Cognitive Behavioral Therapy (CBT).

Decision rationale: MTUS Pain guidelines and ODG refer to cognitive behavioral psychotherapy as "Recommended for appropriately identified patients during treatment for chronic pain." MTUS details that "Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work." ODG further states that "Initial therapy for these at risk patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone: - Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." Guidelines recommend an initial trial of 3-4 psychotherapy visits over two weeks. Any additional therapy would be approved based on evidence of objective functional improvement during this trial. This request is in excess of guideline recommendations. As such, the request for Cognitive behavioral therapy qty 6 is not medically necessary.