

<b>Case Number:</b>	CM15-0223707		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	09/03/2011
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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 57-year-old female, with a reported date of injury of 09-03-2011. The diagnoses include post-traumatic stress disorder, pain disorder related to psychological factors, and insomnia. The progress report dated 09-2015 (exact day illegible) is handwritten. The report indicates that the injured worker complained of headache from the cervical spine, and increased anxiety symptoms. The injured worker had nightmares nightly and agoraphobia. It was noted that she wanted to start therapy again, since it was "very beneficial". The subjective complaints included anxiety, phobic avoidance of situations, preoccupation with the industrial stressors leading to the illness, impaired memory, and sleep disturbance. The objective findings included depression and anxiety. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included Seroquel, Celexa, Ativan, and Topamax. The request for authorization was dated 10-23-2015. The treating physician requested cognitive-behavioral therapy, once a week for eight weeks; Beck Anxiety Inventory, once every six weeks; and Beck Depression Inventory, once every six weeks. On 10-29-2015, Utilization Review (UR) non-certified the request for cognitive-behavioral therapy, once a week for eight weeks; Beck Anxiety Inventory, once every six weeks; and Beck Depression Inventory, once 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 (8) one per week for eight weeks (1x8): Overturned**

**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 Behavioral Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter: Cognitive therapy for PTSD.

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving psychotropic medication management services from psychiatrist, [REDACTED], for an unknown duration of time. In his September 2015 report, [REDACTED] notes continued psychiatric symptoms. He references the fact that the injured worker did well with psychotherapy in the past however, she has not participated in any psychotherapy for 2 years. As a result, he recommended resuming psychotherapy, which the request under review is based. Considering that the injured worker has not received any psychological services for 2 years, the request under review is considered a new request and therefore, prior records are not needed. Regarding the treatment of PTSD, the ODG recommends "up to 13-20 visits over 7-20 weeks, if progress is being made." Utilizing this guideline, the request for an initial 8 psychotherapy sessions appears reasonable and is therefore, medically necessary.

**Beck anxiety inventory, one every six weeks: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychological Evaluations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Beck Depression Inventory, 2nd edition (BDI-II).

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving psychotropic medication management services from psychiatrist, [REDACTED], for an unknown duration of time. In his September 2015 report, [REDACTED] notes continued psychiatric symptoms. He references the fact that the injured worker did well with psychotherapy in the past however; she has not participated in any psychotherapy for 2 years. As a result, he recommends resuming psychotherapy. The request under review is for one administration of the Beck Anxiety Inventory (BAI) to be used to assess progress. The ODG recommendation regarding the Beck Depression Inventory (BDI-II) will be used and generalized to include the BAI. According to the ODG, the use of the BDI-II is recommended for initial assessment. It is not considered a particularly valuable assessment tool for ongoing treatment. However, [REDACTED] utilizes the BDI-II and BAI in order to assess ongoing progress during psychotherapy and medication management treatment. Although the administration of these type of assessment tools is not mandatory, it can be helpful to assess progress when used periodically throughout

treatment. As a result, the request for 1 administration of the BAI appears reasonable and therefore, is medically necessary.

**Beck depression inventory, one every six weeks:** Overturned

**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 and Stress Chapter, BDI - II (Beck Depression Inventory -2nd Edition).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Beck Depression Inventory, 2nd edition (BDI-II).

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving psychotropic medication management services from psychiatrist, [REDACTED], for an unknown duration of time. In his September 2015 report, [REDACTED] notes continued psychiatric symptoms. He references the fact that the injured worker did well with psychotherapy in the past however; she has not participated in any psychotherapy for 2 years. As a result, he recommends resuming psychotherapy. The request under review is for one administration of the Beck Depression Inventory (BDI-II) to be used to assess progress. According to the ODG, the use of the BDI-II is recommended for initial assessment. It is not considered a particularly valuable assessment tool for ongoing treatment. However, [REDACTED] utilizes the BDI-II and BAI in order to assess ongoing progress during psychotherapy and medication management treatment. Although the administration of these type of assessment tools is not mandatory, it can be helpful to assess progress when used periodically throughout treatment. As a result, the request for 1 administration of the BDI-II appears reasonable and therefore, is medically necessary.