

Case Number:	CM15-0051680		
Date Assigned:	03/25/2015	Date of Injury:	10/02/2012
Decision Date:	05/07/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/18/2015

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 55-year-old male, who sustained an industrial injury on 10/2/12. He reported depression and anxiety related to harassment at work because of a physical injury. The injured worker was diagnosed as having pain disorder associated with both psychological factors and a general medical condition and depressive disorder. Treatment to date has included psychotherapy and medications. As of the PR2 dated 12/15/14, the treating physician noted mild to moderate depression and themes of diminished self-confidence and low self-esteem. The treating physician requested medication management, Beck Depression and Anxiety inventory and continued psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

The remaining medication management x1/month for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 402.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398 B, Referral.

Decision rationale: The MTUS guidelines state that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Some mental illnesses are chronic conditions, so establishing a good working relationship with the patient may facilitate a referral for the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medication therapy. Decision: With regards to this request for: "The remaining medication management one time a month for period of 6 months" the medical records provided for consideration do not support the requested treatment. Although psychiatric care may be indicated in this case, this request is for 6 months of psychiatric care at a frequency of one time a month. The request is not medically necessary because it is excessive in quantity, duration and frequency. Once the patient is psychiatrically stabilized, the need for monthly treatments becomes less. Psychiatric visit frequency can be safely decreased once the patient is stabilized on his medications. In addition medication management for simple depression can often, but not always, be safely transferred to primary care physicians. The utilization review correctly modified this request to allow for 3 psychiatric sessions to be held one time per month for period of 3 months. The medical records do not contain any detailed progress notes from the treating psychiatrist. A six-month course of psychiatric treatment does not allow for reassessment of medical necessity and therefore is determined to be excessive in duration and therefore the medical necessity is not established in the utilization review determination for non-certification of this request is upheld.

Beck Depression Inventory x1 every 6 weeks x1 year: 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 and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation Page(s): 100 -101. Decision based on Non-MTUS Citation ODG BDI® - II (Beck Depression Inventory-2nd edition) March 2015 Update.

Decision rationale: According to the MTUS, psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics is very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues.

Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances, this requires more time than it may be allocated to the examination. Also, it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence, a battery from which the appropriate test can be selected is useful. According to the Official Disability Guidelines (ODG), the BDI is recommended as a first-line option psychological test in the assessment of chronic pain patients. See Psychological evaluations. 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-IV criteria, brief, appropriate for ages 13-80. Weaknesses: Limited to assessment of depression, easily faked. Scale is unable to identify a non-depressed state, and is thus very prone to false positive findings. Should not be used as a stand-alone measure, especially when secondary gain is present. (Bruns, 2001). This request is for the use of Beck Depression Inventory (BDI) every 6 weeks for one-year duration. The medical necessity of the request is not supported due to excessive quantity and duration of the request. While it is essential that therapists monitor patient progress during the course of treatment to ensure that they are benefiting is necessary to demonstrate that the patient is responding to treatment with objectively measured functional improvements (e.g., increased ADLs, decrease reliance on future medical care, reduction in work restrictions if applicable, increased exercise and socializing etc.) the Beck Depression Inventory measures only one small aspect of patient improvement and according to the official disability guidelines it is easily faked and unable to identify a non-depressed state thus very prone to false positives and should not be used as a stand-alone measure especially when secondary gain is present. Therefore, the medical necessity of the request is not established and therefore the utilization review determination is upheld.

Beck Anxiety Inventory x1 every 6 weeks x1 year: 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 and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, Psychological evaluations Page(s): 100-101.

Decision rationale: This request is for the use of Beck Anxiety Inventory (BAI) every 6 weeks for one-year duration. The medical necessity of the request is not supported due to excessive quantity and duration of the request. While it is essential that therapists monitor patient progress during the course of treatment to ensure that they are benefiting is necessary to demonstrate that the patient is responding to treatment with objectively measured functional improvements (e.g., increased ADLs, decrease reliance on future medical care, reduction in work restrictions if applicable, increased exercise and socializing etc.) the Beck Anxiety Inventory measures only one aspect of patient improvement. Neither the MTUS nor the ODG addresses the use of the Beck anxiety inventory, but this request is for an excessive quantity of administrations (8) over duration of time of one year. The medical necessity of this request would need to be

reestablished as the patient continues through treatment. Therefore, the medical necessity of the request is not established and therefore the utilization review determination is upheld.

Psychotherapy with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 57-65, 396-397, Chronic Pain Treatment Guidelines Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-102:23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 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) allow a more extended 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. ODG psychotherapy guidelines: up to 13-20 visits over a 7- 20 weeks (individual sessions) if progress is being 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. Decision: A request was made for "psychotherapy with [REDACTED] [REDACTED] (unspecified quantity/duration). The request was non-certified by utilization review with the following provided rationale: "primary treating physician has not provided frequency and number of treatments. There is no current report from [REDACTED] to establish need for additional psychotherapy. The deficits to be addressed, measurable goals, and a reasonable timetable to reach these goals are not provided. California medical treatment utilization schedule support a brief course of psychotherapy was specific treatment goals. Additional treatment is dependent on documentation of objective functional improvement. Primary treating physician may wish to resubmit this request with additional medical information and reasoning."The medical records that were provided for consideration for this independent medical review were carefully considered and consisted of over 800 pages. The provided medical records do not establish the medical necessity of this request. The medical record provided was focused on the patient's physical treatment with only a couple of exceptions. The requesting treating psychologist did not specify the quantity of sessions being requested or the

duration of treatment/frequency of session visits being requested. Because there is no specification of session, quantity it is the equivalent of a request for an open ended and unlimited number of psychotherapy visits. In addition to this, there were no provided documents other than psychological evaluations regarding the patient's prior psychological treatment history. It could not be determined how many prior treatment sessions the patient is had nor was it possible to determine whether or not the patient is benefiting from prior treatment and if so to what extent. There was no comprehensive treatment plan provided with stated goals and estimated dates of accomplishment. In sum, no supporting documentation regarding this patient's prior psychological treatment history and what the requested treatment would consist of if it were provided. Due to insufficient supporting documentation the medical necessity of the request could not be established and therefore the utilization review determination for non-certification is upheld.