

Case Number:	CM15-0059450		
Date Assigned:	04/06/2015	Date of Injury:	03/22/1994
Decision Date:	05/05/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/30/2015

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 61-year-old female, who sustained a work/ industrial injury on 3/22/94. She has reported initial symptoms of anhedonia, anxiety, depression, diminished energy, impaired concentration, irritability, and low self esteem. The injured worker was diagnosed as having major depressive disorder without psychosis and pain disorder. Treatments to date included medication, acupuncture, diagnostics, and psychiatric care. Currently, the injured worker complains of anger, depression, diminished energy, impaired concentration irritability, low self-esteem, periods of crying, sleep disturbance. The treating physician's report (PR-2) from 3/12/15 indicated the injured worker complained of over sedation with one medication with residual depression and anxiety. Beck depression inventory score is 35 and anxiety score is 25. Treatment plan included Psychotherapy, Beck anxiety inventory, and Beck depression inventory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 4, (1) time every 6 weeks times 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Health and Stress Chapter.

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. A request was made for psychotherapy 4 sessions once every 6 weeks for 6 months. The request was modified by utilization review. The stated rationale for this decision was: "while (the patient) has significant symptomology as noted subjectively and objectively as well as her psychological testing via Beck anxiety and Beck Depression Inventory is there is no clear evidence of objective functional improvement with prior treatment. However she is working and given her symptomology and clinical history the request for psychotherapy 4 sessions once every 6 weeks (can be modified) for two (2) sessions every 6 weeks for 3 months to "allow for documentation of objective functional improvement."The medical necessity of the requested treatment is not supported by the provided medical records. Continued psychological treatment is contingent the establishment of medical necessity, this typically involves documentation of all 3 of the following variables: continued patient psychological symptomology at a clinically significant level that warrants treatment, total quantity of treatment sessions provided to date and requested quantity of sessions conforming with MTUS/official disability guidelines as stated above, and evidence of patient benefit from prior treatment sessions including objectively measured functional improvements (e.g., activities of daily living, reduction in medicine/future medical care needs, reduction in work restrictions etc.). The provided medical records do not discuss how much treatment the patient has already received; in addition, they do not reflect significant objectively measured functional improvements from prior treatment. The Beck Depression Inventory and anxiety inventories do not reflect changes in activities of daily living or other functional improvements. They focus narrowly upon the patient's psychological symptoms, which is one component of patient benefit, but is not broad based enough to establish medical necessity. Although the quantity of sessions being requested during the six-month period of treatment is minimal relatively, the requested duration of treatment of 6 months is too long of a period of time for a treatment modality without continued evidence of supporting the medical necessity of the treatment at timely intervals. For these reasons the medical necessity the request is not been established. Because the medical necessity the request is not been established the utilization review determination for a modification is

appropriate and the decision is upheld.

Beck anxiety Inventory 4, (1) time every 6 weeks times 4 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

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

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 are 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. A request was made to certify Beck Anxiety Inventory testing one time every 6 weeks for 6 months, the request was non-certified by utilization review of the following rationale provided: (the patient) just received certification for Beck anxiety inventory testing one every 6 weeks for 24 weeks on February 11, 2015. This request is a duplicate and is not medically necessary at this time as the treatment has already been certified."According to the utilization review rationale for non-certification, this is a redundant request and a duplicate and therefore does not need to be processed. It is not possible to determine whether this is accurate at the IMR level. However, the medical records contain multiple uses of the Beck Depression Inventory. And while it is absolutely essential that the therapist document patient benefit and objectively measured improvements from treatment, if any, the reliance on the Beck Depression Inventory or Beck anxiety inventory exclusively will not accomplish the task sufficiently. The ODG states that (with regards to the BDI as there is no discussion for the BAI) that it is 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). For these reasons the medical necessity of the request was not established, and therefore the UR decision is upheld.

Beck Depression Inventory 4, (1) times every 6 weeks time 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Health and Stress regarding Cognitive therapy for depression.

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 Official disability guidelines, Chapter mental illness and stress, topic: Beck Depression Inventory, 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 are 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. ODG mental illness and stress chapter BDI - II (Beck Depression Inventory-2nd edition) 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). Decision: a request was made to certify Beck Depression Inventory testing one time every 6 weeks for 6 months, the request was non-certified by utilization review of the following rationale provided: (the patient) "just received certification for Beck Depression inventory testing one every 6 weeks for 24 weeks on February 11, 2015. This request is a duplicate and is not medically necessary at this time as the treatment has already been certified." According to the utilization review rationale for non-certification, this is a redundant request and a duplicate and therefore does not need to be processed. It is not possible to determine whether or not this is accurate at the IMR level. However, the medical records contain multiple uses of the Beck Depression Inventory. And while it is absolutely essential that the therapist document patient benefit and objectively measured outcomes from treatment the reliance on the Beck Depression Inventory or Beck anxiety inventory exclusively will not accomplish the task sufficiently. The ODG states that (with regards to the BDI as there is no discussion for the BAI) that it is 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). Therefore, this request is not found to be medically necessary and the UR decision is upheld.