

Case Number:	CM15-0081424		
Date Assigned:	05/04/2015	Date of Injury:	06/10/2010
Decision Date:	06/02/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/28/2015

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 43 year old male, who sustained an industrial injury on 6/10/10. He reported initial complaints of low back, neck and left shoulder. The injured worker was diagnosed as having lower back pain with right lower extremity radiculopathy; other symptoms referable to back; lumbar facet joint syndrome/hypertrophy; spinal stenosis of unspecified region; degeneration of lumbar or lumbosacral intervertebral disc; lumbago; myalgia and myositis unspecified; single episode, severe, major depressive disorder, non-psychotic; pain disorder associated with both psychological factors and general medical condition. Treatment to date has included physical therapy; cognitive behavioral therapy; medications. Currently, the PR-2 notes dated 3/11/15 indicated the injured worker continues to suffer depression and anxiety with chronic pain, headaches due to past harassment at work and functional limitations with anhedonia, anxiety, poor sleep and increased feelings of guilt. He has recently retired. Progress includes increased insight into triggers of pain and depression, reduced anxiety in general, fewer panic attacks and less fear of losing control. He desires additional psychotherapy sessions. The provider notes "Psych Testing Results: Beck Depression Inventory - 46 and Beck Anxiety Inventory - 15. The provider has requested 2 Beck anxiety inventory, 1 every 6 weeks and 2 Beck depression inventory, 1 every 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Beck anxiety inventory, 1 every 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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, mental illness and stress chapter, Beck depression inventory, March 2015 update.

Decision rationale: MTUS is silent with regards to use of this assessment tool other than in the context of a comprehensive psychological evaluation. The official disability guidelines are also nonspecific with regards to the use of the Beck Anxiety Inventory as a stand-alone assessment tool. The official disability guidelines are also silent with regards to the use of the Beck anxiety inventory as a stand-alone in treatment measure however it does address the use of the Beck Depression Inventory and notes the following: 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, key to DSM-IV 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. A request has been made for the administration back depression and anxiety inventory one time every 6 weeks. The request was non-certified by utilization review. The following is the rationale provided by utilization review for their decision: "while the Beck anxiety inventory may be indicated every 6 weeks, this test is considered as part of a normal evaluation and management of patient. A request for a separately compensable service is not medically necessary." This IMR will address a request to overturn this decision. 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 repeated 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. Therefore, the request is not medically necessary.

2 Beck depression inventory, 1 every 6 weeks: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, topic: that depression inventory-2nd edition BDI-II -March 2015 update.

Decision rationale: MTUS is silent with regards to this assessment tool other than in the context of a comprehensive psychological evaluation. The official disability guidelines however, state that it 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, key to DSM-IV 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. A request has been made for the administration back depression and anxiety inventory one time every 6 weeks. The request was non-certified by utilization review. The following is the rationale provided by utilization review for their decision: "while the Beck anxiety inventory may be indicated every 6 weeks, this test is considered as part of a normal evaluation and management of patient. A request for a separately compensable service is not medically necessary." This IMR will address a request to overturn this decision. 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 repeated 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. Therefore, the request is not medically necessary.