

Case Number:	CM15-0086198		
Date Assigned:	05/08/2015	Date of Injury:	01/05/2012
Decision Date:	06/10/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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 (IW) is a 60-year-old female who sustained an industrial injury on 01/05/2012. Diagnoses include major depressive disorder, recurrent, severe, without mention of psychotic behavior and bipolar disorder NOS. Treatments to date include medications and psychotherapy. According to the progress notes dated 4/1/15, the Injured Worker reported anxiety, depression, low self-esteem and social withdrawal. She related the loss of her home and her dog; her aunt sold the house in which she was living and took the dog. On exam, the IW was noted to be anxious and depressed. The provider reported Beck Depression Inventory 40 and Anxiety Inventory 33. A request was made for psychotherapy 24 visits; 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 Qty 24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy guidelines for chronic pain.

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 24 sessions of psychotherapy, the request was noncertified by utilization review. This IMR will address a request to overturn that decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment session including objectively measured functional improvement. The provided medical records do not establish the medical necessity of the requested treatment. The provided medical records do not contain treatment progress notes from prior psychological treatment sessions. It appears, but is not entirely clear, that the patient was authorized for 24 sessions and completed 12 of them. However, there are no treatment progress notes from these initial sessions, if they occurred. There is no active treatment plan was stated goals and estimated dates of accomplishment. If the patient has already participated in some psychological treatment there is no documentation of objectively measured functional improvement as a result of prior treatment sessions. The medical records did contain a couple of isolated copies of administered Beck depression and anxiety inventory's without any clinical narrative. It is unclear how many sessions the patient has had to date. Official disability guidelines specify that for most patients a course of psychological treatment consisting of 13 to 20 sessions maximum is sufficient. In some cases an extended course of psychological treatment can be offered up to 50 sessions over the course of one year maximum with documentation of patient improvement from prior treatment. No such documentation was provided. There's no psychological comprehensive evaluation or clearly stated diagnosis in the provided documentation. The total quantity of treatment progress notes for medical and psychological were under 50 pages and consisted primarily of photocopies of the American psychological Association guidelines for treatment and insurance-based communications. Due to insufficient documentation, medical necessity the requested treatment could not be established and therefore the utilization review determination is not medically necessary.

Beck anxiety inventory Qty 1: 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 & 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: Beck Depression Inventory (closest match to requested procedure).

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. The Beck Depression Inventory is addressed in the official disability guidelines, however the Beck anxiety inventory is not discussed specifically in either the official disability guidelines or the MTUS. For this review the information provided the Beck Depression Inventory in the official disability guidelines will be applied to the Beck anxiety inventory. The medical necessity of the requested treatment is not supported by the provided documentation due to insufficient documentation regarding the patient psychological status and prior psychological treatment. No psychological treatment progress notes or related comprehensive psychological evaluations were provided. Included in the medical records for consideration were several administrations of the Beck depression and anxiety inventories. These were submitted in isolation of clinical narrative data. 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.) The official disability guidelines note that this paper and pencil self-administered test is prone to false positives. The medical records do contain several recent administrations already of this particular assessment tool and additional repetitions of it at this juncture would be redundant. For this reason, the medical necessity the request is not established and the utilization review determination is not medically necessary.

Beck depression inventory Qty 1: 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 & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Chapter mental illness and stress, topic Beck Depression Inventory.

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. The Beck Depression Inventory is addressed in the official disability guidelines, however the Beck anxiety inventory is not discussed specifically in either the official disability guidelines or the MTUS. For this review the information provided the Beck Depression Inventory in the official disability guidelines will be applied to the Beck anxiety inventory. The medical necessity of the requested treatment is not supported by the provided documentation due to insufficient documentation regarding the patient psychological status and prior psychological treatment. No psychological treatment progress notes or related comprehensive psychological evaluations were provided. Included in the medical records for consideration were several administrations of the Beck depression and anxiety inventories. These were submitted in isolation of clinical narrative data. 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.) The official disability guidelines note that this paper and pencil self-administered test is prone to false positives. The medical records do contain several recent administrations already of this particular assessment tool and additional repetitions of it at this juncture would be redundant. For this reason, the request is not medically necessary and the utilization review determination for non-certification is upheld.

