

<b>Case Number:</b>	CM14-0160715		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	12/02/1992
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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. The expert reviewer is Board Certified in psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records provided for this IMR, this 58 and 11 month year old female patient reported an industrial related injury date that occurred on December 2, 1992. The mechanism of her injury was not provided. A treatment progress report dated August 11, 2014 mentions pain in her neck, low back, left knee, leg and psychological symptoms. She has undergone as many as six surgeries and suffers from chronic lumbar post laminectomy syndrome. A spinal cord stimulator trial was unsuccessful. Current pain difficulties are in her neck, shoulders and low back the pain is described as aching and constant. She has been prescribed Wellbutrin, Prozac, Viviane, and Topamax; it is unclear which of these psychiatric medications she is currently taking. She is being treated and followed by a psychiatrist, the frequency of visits unspecified. There was no documentation regarding her current or past psychological/psychiatric symptoms, diagnosis or treatment. There was no documentation included for this IMR from her treating psychologist or psychiatrist. 61 pages of medical records were received and reviewed; none provided a discussion of her psychological status other than the UR report. A request for 48 psychotherapy sessions was modified to allow for 4 psychotherapy sessions by UR, and a request for eight Beck Depression Inventory (BDI) screenings were modified to 1 BDI and a request for unspecified quantity of BDA screenings was non-certified. This IMR will address a request to overturn that decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**48 Psychotherapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Treatment; Cognitive Behavioral Therapy Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, June 2014 Update.

**Decision rationale:** According to the MTUS treatment guidelines psychological treatment is recommended for appropriately identify 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, with evidence of objective functional improvement. Guidance for session quantity is total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines state 13-20 sessions maximum for most patients; in cases of severe Major Depression or PTSD up to 50 sessions if progress is being made. This request for 48 sessions of psychotherapy greatly exceeds current recommended guidelines. Even in cases of severe symptomology where additional sessions beyond 20 are sometimes offered, there is a need for ongoing assessment of progress. The frequency of the patient's attendance was not specified, but assuming one session per week this is a request is for nearly one year of treatment without ongoing monitoring of medical necessity and patient progress. The official disability psychotherapy guidelines state that 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. The duration of time and quantity that this request covers is too long to do so. In addition, the medical necessity of 48 sessions could not be established due to a lack of documentation of prior sessions, a lack of a psychological evaluation, missing documentation regarding objective functional improvements from prior treatments. In short, there was no documentation regarding her psychological/psychiatric status other than what was written in the utilization review decision to non-certified. Because medical necessity was not established due to insufficient information, the request to overturn the utilization review decision is denied.

**8 Beck depression inventory BDI testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychotherapy Guidelines, Mental Illness & Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Testing Page(s): 100-101. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: BDI-II Beck Depression Inventory Second Edition.

**Decision rationale:** The MTUS treatment guidelines are nonspecific for the use of individual assessment tools during the course of psychological treatment. However within the context of a full psychological evaluation that does mention the Beck Depression Inventory (BDI) as one of 26 tests that are commonly used in the assessment of chronic pain patients. The official disability guidelines also recommend the use of the BDI as a first-line option psychological test in the assessment of chronic pain patients. Intended as a brief measure of depression, this test is useful as a screen or as one test in a more comprehensive evaluation. The requesting treating psychologist did not provide an explanation for the reason/rationale for this request. Because the request for 48 psychotherapy sessions was found to be not medically necessary, 8 administrations of the BDI would also be found to be not medically necessary as a stand-alone assessment tool not being used in the context of an ongoing psychotherapy treatment.

**Beck Anxiety Inventory \*BAI testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS treatment guidelines are nonspecific for the use of individual assessment tools course of psychological treatment. However within the context of a full psychological evaluation there are 26 tests that are commonly used in the assessment of chronic pain patients. Although the Beck Depression Inventory is included among these tests, the Beck Anxiety Inventory is not. In addition, the official disability guidelines do not include a recommendation for the Beck Anxiety Inventory. Because the request for 48 psychotherapy sessions was found to be not medically necessary, (unspecified quantity) administrations of the BAI would also be found to be not medically necessary as a stand-alone assessment tool. Furthermore, the requesting treating provider did not specify a rationale/explanation for this diagnostic assessment tool nor was the quantity of administrations specified. Therefore the medical necessity of this request has not been established.