

Case Number:	CM14-0196212		
Date Assigned:	12/04/2014	Date of Injury:	10/30/2002
Decision Date:	01/15/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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 licensed 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 patient is a 64 year and 11 months old female who reported a work-related injury on October 30, 2002 during the course of her employment for [REDACTED]. The mechanism of injury is described as due to repetitive movements while operating machinery and lifting and unloading wood materials multiple times a day up to 40 pounds, resulting in injury to her low back, neck, bilateral arms, and right leg. Primarily, she reports low back pain that radiates down to the lower extremities bilaterally and interferes with activities of daily living such as self-care and hygiene, ambulation, hand function, sleep and sex. A partial list of her medical diagnoses include: failed back surgery syndrome, lumbar; status post lumbar laminectomy syndrome; lumbar radiculopathy, status post fusion, lumbar spine; lumbar spinal stenosis, myofascial pain syndrome, failed spinal cord stimulator trial, chronic pain. Psychologically, she's been diagnosed with: Major Depressive Disorder, Single Episode, Moderate to Severe, Non-psychotic; Pain Disorder Associated with Both Psychological Factors and a General Medical Condition. According to an agreed medical re-examination from April 2014 the patient has developed severe depression and anxiety due to her inability to work as well as persistent pain in her low back and is primarily bedridden and unable to attend social activities or perform activities of daily living. A request was made for twice monthly individual psychotherapy sessions for a period of one year. The request was not approved by the patient's carrier. 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:

Psychotherapy twice monthly individual therapy for 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, psychotherapy guidelines 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, November 2014 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 than 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) allows for 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. With respect to the current requested treatment, the medical necessity was not established by the documentation provided. The request exceeds guidelines for psychological treatment in terms of duration and quantity. The request for 2 sessions a month for one year is the equivalent of 24 sessions. "According to the official disability guidelines, the provider should evaluate symptom improvement during the process so that treatment failures can be identified early an alternative treatment strategies can be pursued if appropriate." A treatment duration lasting one year does not allow for the ongoing process of assessment regarding the usefulness and continued medical necessity of the treatment. Although the patient is described to be in a "maintenance phase" the request for twice monthly treatment is suggestive of an active ongoing treatment rather than an infrequent maintenance phase. Documentation of prior treatment outcome was insufficient and quantity/duration of total sessions provided to date was not clearly documented. Continued medical necessity of psychological treatment is contingent upon not only patient symptomology being significant, but also treatment duration/quantity of sessions adhering to treatment guidelines, as well as documented evidence patient benefited from treatment including objective functional improvement. Because the medical necessity the requested treatment was not established, the request for bimonthly individual psychotherapy for period of one year is not medically necessary.

Beck Anxiety Inventory 1x6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, psychological evaluation Page(s): 100-101.

Decision rationale: The MTUS guidelines and the official disability guidelines do not address the use of the Beck anxiety inventory. However the official disability guidelines do recommend the use of the Beck Depression Inventory and the discussion can be applied to the anxiety inventory as well. With regards to the Beck anxiety inventory, it is 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. With regards to the current request for Beck anxiety inventory to be administered 1x6, because the psychological treatment was found to be not medically necessary, the assessment would not be medically necessary as well.

Beck Depression Inventory 1x6 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic Beck Depression Inventory, November 2014 update.

Decision rationale: The MTUS guidelines are silent regarding the use of the Beck Depression Inventory. The official disability guidelines do recommend the use of the Beck Depression Inventory as a brief measure of depression, this test is useful as a screen or as one test in a more comprehensive evaluation. It 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. It should not be used as a stand-alone measure, especially when secondary gain is present. With regards to the current request for Beck Depression Inventory (BDI) to be administered 1x6, because the psychological treatment was found to be not medically necessary, the assessment would not be medically necessary as well. In addition it is noted that should not be used as a stand-alone measurement.

Beck Depression Inventory 1 x Q 12 weeks for 1 year: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic Beck Depression Inventory, November 2014 update.

Decision rationale: The MTUS guidelines are silent regarding the use of the Beck Depression Inventory. The official disability guidelines do recommend the use of the Beck Depression Inventory as a brief measure of depression, this test is useful as a screen or as one test in a more comprehensive evaluation. It 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. It should not be used as a stand-alone measure, especially when secondary gain is present. With regards to the current request for Beck Depression Inventory (BDI) to be administered 1 Q 12 for one year, the psychological treatment was found to be not medically necessary, therefore the assessment would not be medically necessary as well.

Beck Anxiety Inventory 1 x Q 12 Weeks for 1 Year: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic: Beck Depression Inventory, November 2014 update.

Decision rationale: Neither the MTUS guidelines nor the official disability guidelines address the use of the Beck Anxiety Inventory. However the official disability guidelines do recommend the use of the Beck Depression Inventory and the discussion can be applied to the anxiety inventory as well. With regards to the Beck anxiety inventory, it is 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. With regards to the current request for Beck Anxiety Inventory to be administered 1 x 12 weeks for 1 year, because the psychological treatment was found to be not medically necessary, the assessment would not be medically necessary as well.