Case Number:	CM14-0098384		
Date Assigned:	07/28/2014	Date of Injury:	05/31/2007
Decision Date:	09/21/2015	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/26/2014

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. 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 58-year-old female, who sustained an industrial injury on May 31, 2007. She was diagnosed with post-traumatic stress disorder. Treatment included anti-depressants, sleep aides, behavioral health therapy, and psychiatric therapy and modified work duties. Currently, the injured worker continued with ongoing stress, anxiety and depression. She noted persistent periods of crying and dysphoria. The treatment plan that was requested for authorization included eight Beck Depression Inventories (BDI), eight Beck Anxiety Inventories (BAI) and eight Medication Management sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Beck Depression Inventories (BDI): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG)- 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 (ODG) Mental Illness and Stress chapter, topic Beck Depression Inventory, March 2015 update.

Decision rationale: Citation summary: The CA-MTUS is silent with regards to this assessment tool other than in the context of a comprehensive psychological evaluation. The Official Disability guidelines state that it is recommended as a first line option psychological test to be used 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. Can identify patients needing referral for further assessment and treatment for depression. Strengths: well-known, well researched, keyed to DSM 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 of 8 Beck Depression and Anxiety Inventories. The request was non-certified by utilization review. The following is the rationale provided by utilization review for their decision: "The Beck Depression Inventory is not indicated for this patient. Per the guidelines, the BDI is recommended for a brief measure of depression however it should not be used as a stand-alone test is prone to false positive findings. A review of the submitted medical records indicated that the provider does not administer any other psychological test to address the patient for depression other than the BDI- II test. Given that the BDI II test was used as a stand-alone test to evaluate for depression, it is recommended that the request for 8 Beck Depression Inventory be non-certified." This IMR will address a request to overturn the utilization review 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 an occasional 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. Additionally, the ODG states regarding the BDI that it is 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 and should not be used as a stand-alone measure, especially when secondary gain is present. In this case the request is for repeated administrations of the BDI as a stand alone assessment and thus is inconsistent with the industrial guidelines recommendations for the use of this assessment tool. Therefore, the medical necessity the request is not established and utilization review decision for non-certification is upheld.

8 Beck Anxiety Inventories (BAI): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG)- 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 (ODG) Mental Illness and Stress chapter, topic Beck Depression Inventory, March 2015 update.

Decision rationale: Citation summary: The CA-MTUS is silent with regards to this assessment tool. It does mention the use of the Beck Depression Inventory, which is a similarly standardized assessment tool, other than in the context of a comprehensive psychological evaluation. The BDI citation will be applied here. The Official Disability guidelines state that it is recommended as a first line option psychological test to be used 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. Can identify patients needing referral for further assessment and treatment for depression. Strengths: well-known, well researched, keyed to DSM 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 of 8 Beck Depression and Anxiety Inventories . The request was non-certified by utilization review. The following is the rationale provided by utilization review for their decision: "The Beck Anxiety Inventory is not indicated for this patient. Per the guidelines, psychological test may be used as part of the psychological evaluation of the patient however the BDI was not among the list of these tests that are commonly used. Therefore, it is recommended that the request for 8 Beck Anxiety Inventory tests be non- certified." This IMR will address a request to overturn the utilization review decision." This IMR will address a request to overturn the utilization review 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 an occasional 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. Additionally, the ODG states regarding the BDI (and presumably the very similar BAI) that it is 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 and should not be used as a stand-alone measure, especially when secondary gain is present. In this case, the request is for repeated administrations of the BDI as a stand alone assessment and thus is inconsistent with the industrial guidelines recommendations for the use of this assessment tool. Therefore, the medical necessity the request is not established and utilization review decision for non-certification is upheld.