

<b>Case Number:</b>	CM15-0012478		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	12/17/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Internal Medicine

### CLINICAL CASE SUMMARY

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

This 57 year old woman sustained an industrial, injury on 12/17/2011. The mechanism of injury is not detailed. Current diagnoses include low back pain, lumbar disc displacement, and lumbar radiculopathy. Treatment has included oral medications, pain specialist, and lumbar steroid epidural injection. Psychiatric notes dated 7/30/2014 show recommendations for treatment to address serotonin syndrome, biweekly psychiatric visits to stabilize her on psychiatric medications, then monthly psychiatric visits, weekly supportive psychotherapy for at least six months, and neurology consultation for headaches. On 12/15/2014, Utilization Review evaluated prescriptions for Beck Depression inventory once per week for six weeks, Beck anxiety inventory once per week for six weeks, and psychotherapy once per week for six weeks; that were submitted on 12/29/2014. The UR physician noted the Beck inventories assess distinct anxiety and depression to a limited extent. Further, prior to psychotherapy, it is recommended to utilize physical medicine with a cognitive motivational approach. If there is lack of progress after four weeks, separate psychotherapy can be considered. The MTUS, ACOEM Guidelines (or ODG) as well as Non-MTUS or ACOEM Guidelines were cited. The requests were denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Beck depression inventory 1 time a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 25. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101, Postsurgical Treatment Guidelines.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses psychological evaluations. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Psychosocial evaluations should determine if further psychosocial interventions are indicated. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 15 Stress-related Conditions (Page 395) indicates that a standardized mental status examination allows the clinician to detect clues to an underlying psychiatric disorder, assess the impact of stress, and document a baseline of functioning. All aspects of a mental status examination can be routinely incorporated into an informal interview rather than having a set list of questions. Official Disability Guidelines (ODG) indicates that the Beck Depression Inventory is intended as a brief measure of depression, this test is useful as a screen or as one test in a more comprehensive evaluation. Beck Depression Inventory is limited to assessment of depression, easily faked. The scale is very prone to false positive findings. Beck Depression Inventory should not be used as a stand-alone measure, especially when secondary gain is present. The psychiatric evaluation report dated September 11, 2014 documented a diagnosis of major depression. Beck Depression Inventory II and Beck Anxiety Inventory II were performed as part of the psychiatric evaluation on September 11, 2014. The request for authorization was dated 12-03-2014 requested psychotherapy once a week for six months (24), Beck Depression Inventory II once a week for six weeks, and Beck Anxiety Inventory II once a week for six weeks. Official Disability Guidelines (ODG) limit an initial trial of cognitive behavioral therapy (CBT) to 6 visits over 6 weeks. The request for 24 psychotherapy visits exceeds ODG and MTUS guidelines, and is not supported. Therefore, the associated request for a Beck Depression Inventory II once a week for six weeks is not necessary.

**Beck Anxiety inventory 1 time a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses psychological evaluations. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain

problems, but also with more widespread use in chronic pain populations. Psychosocial evaluations should determine if further psychosocial interventions are indicated. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 15 Stress-related Conditions (Page 395) indicates that a standardized mental status examination allows the clinician to detect clues to an underlying psychiatric disorder, assess the impact of stress, and document a baseline of functioning. All aspects of a mental status examination can be routinely incorporated into an informal interview rather than having a set list of questions. The psychiatric evaluation report dated September 11, 2014 documented a diagnosis of major depression. Beck Depression Inventory II and Beck Anxiety Inventory II were performed as part of the psychiatric evaluation on September 11, 2014. The request for authorization was dated 12-03-2014 requested psychotherapy once a week for six months (24), Beck Depression Inventory II once a week for six weeks, and Beck Anxiety Inventory II once a week for six weeks. Official Disability Guidelines (ODG) limit an initial trial of cognitive behavioral therapy (CBT) to 6 visits over 6 weeks. The request for 24 psychotherapy visits exceeds ODG and MTUS guidelines, and is not supported. Therefore, the associated request for a Beck Anxiety Inventory II once a week for six weeks is not necessary.

**Psychotherapy 1 time a week for 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Pages 101-102. Behavioral interventions Page 23.. Decision based on Non-MTUS Citation Mental Illness & Stress (ODG) Cognitive therapy for depression, Cognitive therapy for panic disorder.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses psychological evaluation and treatment and behavioral interventions. Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. Behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Official Disability Guidelines (ODG) state that cognitive behavioral therapy (CBT) for depression is recommended. An initial trial of 6 visits over 6 weeks are ODG guidelines. Cognitive behavioral therapy for panic disorder is recommended. The overwhelmingly effective psychotherapy treatment for panic disorder is cognitive behavioral therapy (CBT). CBT produced rapid reduction in panic symptoms. Typically, CBT is provided over 12-14 sessions, conducted on a weekly basis. The psychiatric evaluation report dated September 11, 2014 documented a diagnosis of major depression. The request for authorization was dated 12-03-2014 requested psychotherapy once a week for six months (24). Official Disability Guidelines (ODG) limits an initial trial of cognitive behavioral therapy (CBT) to 6 visits over 6 weeks. The request for 24

psychotherapy visits exceed ODG and MTUS guidelines, and is not supported. Therefore, the request for psychotherapy is not medically necessary.