

Case Number:	CM15-0110198		
Date Assigned:	06/16/2015	Date of Injury:	01/28/2000
Decision Date:	09/01/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/08/2015

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 is a 47 year old female with an industrial injury dated 01/28/2000. The injured worker's diagnoses include major depressive disorder, generalized anxiety disorder and psychological symptoms affecting medical condition. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 04/27/2015, the injured worker reported anxiety and gastrointestinal symptoms. Objective findings revealed anxious and stable mood. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed Beck Depression Inventory four 1 time every six weeks times six month, Beck Anxiety Inventory, four 1 time every six weeks times six month, Psychotherapy; eight 1 time a week times eight weeks, Beck Anxiety Inventory 1 time every six weeks and Beck Depression Inventory 1 time every six weeks now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Beck depression inventory four 1 time every six weeks times six month: 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).

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: The 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 was made for Beck depression inventory one time every 6 weeks times 6 months, the request was made non-certified by utilization review provided the following rationale for its decision: "there is no good research justifying the usefulness of the Beck scales in monitoring the severity of illness over time. However, the use of questionnaires and primary care is not common practice, this should be stimulated by means of guidelines, training and education. Further research will be needed to evaluate the usefulness of the Beck scales in monitoring the severity of symptoms during treatment and over time." This IMR will address a request to overturn the utilization review 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 repeated 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. 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 as a part of larger evaluation process usually conducted at the start of treatment. Therefore, this request is not medically necessary.

Beck anxiety inventory, four 1 time every six weeks time six month: 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).

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: The industrial guidelines are silent with regards to using the Beck Anxiety Inventory but do discuss use of Beck Depression Inventory which is a similarly standardized paper and pencil self-administered assessment instrument. For the purposes of this review the industrial guidelines discussion of the Beck Depression Inventory will be substituted for Beck anxiety inventory. 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 was made for Beck Anxiety Inventory one time every 6 weeks times 6 months, the request was non-certified by utilization review provided the following rationale for its decision: "there is no good research justifying the usefulness of the Beck scales in monitoring the severity of illness over time. However, the use of questionnaires and primary care is not common practice, this should be stimulated by means of guidelines, training and education. Further research will be needed to evaluate the usefulness of the Beck scales in monitoring the severity of symptoms during treatment and over time." This IMR will address a request to overturn the utilization review 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 repeated 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. 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 as a part of larger evaluation process usually conducted at the start of treatment. Therefore, this request is not medically necessary.

Psychotherapy; eight 1 time a week times eight weeks: 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).

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. Pages 101-102; 23-24. Decision based on Non-MTUS Citation 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. 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 including objectively measured functional improvements. The medical necessity of this request for continued psychological treatment is not established by the provided documentation. There was insufficient documentation regarding the patient's prior psychological treatment history. There is no indication provided regarding how many sessions the patient has received to date. Because there is no information regarding how many sessions she has received, it could not be determined whether or not this request is consistent with industrial guidelines, which recommend a maximum of 13 to 20 sessions for most patients. There is no active treatment plan with stated goals and estimated dates of accomplishments or detailed discussion of what has been already achieved in treatment with objectively measured functional improvements. For these reasons, the medical necessity of the request is not established. Therefore, this request is not medically necessary.

Beck anxiety inventory 1 time every six weeks: 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).

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: The industrial guidelines are silent with regards to using the Beck Anxiety Inventory but do discuss use of Beck Depression Inventory which is a similarly standardized paper and pencil self-administered assessment instrument. For the purposes of this review the industrial guidelines discussion of the Beck Depression Inventory will be substituted for Beck anxiety inventory. 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. This appears to be a duplicated request and is non-certified for the same reasons: A request was made for Beck Anxiety Inventory one time every 6 weeks times 6 months, the request was non-certified by utilization review provided the following rationale for its decision: "there is no good research justifying the usefulness of the Beck scales in monitoring the severity of illness over time. However, the use of questionnaires and primary care is not common practice, this should be stimulated by means of guidelines, training and education. Further research will be needed to evaluate the usefulness of the Beck scales in monitoring the severity of symptoms during treatment and over time." This IMR will address a request to overturn the utilization review 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 repeated 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. 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 as a part of larger evaluation process usually conducted at the start of treatment. Therefore, this request is not medically necessary.

Beck depression inventory 1 time every six weeks: 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).

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: The 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 was made for Beck Depression Inventory one time every 6 weeks, the request was non-certified by utilization review which provided the following rationale for its decision: "there is no good research justifying the usefulness of the Beck scales in monitoring the severity of illness over time. However, the use of questionnaires and primary care is not common practice, this should be stimulated by means of guidelines, training and education. Further research will be needed to evaluate the usefulness of the Beck scales in monitoring the severity of symptoms during treatment and over time." This IMR will address a request to overturn the utilization review decision. This appears to be a nearly identical and duplicated request and is not approved for similar reasons: 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 repeated 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. 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 as a part of larger evaluation process usually conducted at the start of treatment. Therefore, this request is not medically necessary.