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| Case Number: | CM15-0121767 | | |
| Date Assigned: | 07/09/2015 | Date of Injury: | 03/17/1999 |
| Decision Date: | 08/21/2015 | UR Denial Date: | 05/29/2015 |
| Priority: | Standard | Application Received: | 06/23/2015 |

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 57-year-old male with an industrial injury dated 03/17/1999. His diagnoses included pain disorder associated with psychological and general medical conditions and major depressive and anxious features. Prior treatment included medications. He presents on 03/06/2015 with depressed mood and sad affect. He was appropriately dressed and groomed and was courteous and cooperative. His impulse control was intact and judgment was not impaired. He had poor insight regarding the relationships between his somatic symptoms, emotional dysphoria and negative cognitions. He lacked effective coping strategies for managing pain, depression, anxiety and making adjustments to change and uncertain or novel situations. The provider documents the following: The depression is severe enough to interfere with treatment for pain management. Cognitive behavioral therapy for pain management needs to include depression and anxiety. Treatment plan included psycho education regarding cognitive behavioral therapy, psychotherapy sessions, psychological testing and medications. The request for six (6) cognitive behavioral therapy sessions was authorized. The treatment request is for one (1) psychological testing with BBH12 and Beck's Depression Inventory.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) psychological testing with BBH12 and Beck's Depression Inventory: 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) Chapter: Mental illness and Stress, Topic: Beck Depression Inventory, see also Brief Battery for Health Improvement-2.

Decision rationale: Citation summary: MTUS is silent with regards to these assessment tools other than in the context of a comprehensive psychological evaluation. The official disability guidelines however, state that the BDI 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. With regards to the BBHI 2 (Brief Battery for Health Improvement 2nd edition) ODG states it is recommended as a first-line option psychological test in the assessment of chronic pain patients. See Psychological evaluations. The test is a brief measure of risk factors for delayed recovery, useful as a screen or as one test in a more comprehensive evaluation. Can identify patients complaining of depression and anxiety, and identify patients prone to somatization, pain magnification and self-perception of disability. Strengths: Has the only nationally normed 0-10 pain scale. Weaknesses: No measures of characterological or psychosocial factors, lack of longitudinal research on predictive validity or long-term test stability. (Bruns, 2001) A request has been made for the administration Beck Depression Inventory and Brief Battery for Health Impact. The request was non-certified by utilization review. The following is the rationale provided by utilization review for their decision: "While these instruments may be helpful, they are also part of the typical psychological exam/interaction and do not require separate compensation, especially on a current basis. Therefore, the prospective request for psychological testing with BPH I-2 and Beck's Depression Inventory is recommended non-certified, therefore not medically necessary." This IMR will address a request to overturn this 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 or might not include repeated administration of paper and pencil assessment tools, to measure functional improvement this task is considered a part of the session itself rather than a separate intervention.