

MEDICAL REVIEW OF TEXAS

DATE OF REVIEW: APRIL 11, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Psychotherapy (6 sessions)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

MD, Board Certified in Psychiatry

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- X Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Initial diagnostic screening
- Pre-authorization request
- Medical records
- First denial letter
- Response to denial letter
- Second denial letter
- Independent review request
- Medical records from Dr. to include: RN; Physical Therapy Daily Notes

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who suffered a work related injury. He had a fall which resulted in a cervical, thoracic, and lumbar sprain/strain with a significant pain syndrome. He also developed mood disturbances including depression, anxiety, and possibly panic attacks. His diagnostic studies included medical and psychological evaluation and x-ray images. His treatment included rest/off work,

physical therapy, electrical stimulation, therapeutic exercises/stretching, and medication management. His current medications are Ibuprofen 800mg every 8 hours, Norco 325/10mg 1-2 as needed, and Skelaxin 800mg every 8 hours. He does not have any prior history of medical or psychiatric problems. The patient still experiences severe pain and weakness. His psychiatric symptoms include, among others, constant sad mood, crying spells, excessive guilt, decreased motivation, decreased sex drive, sleep disturbances, and suicidal thoughts. His anxiety symptoms include inability to relax, fears of the worst happening. Panic symptoms include heart pounding, feeling of choking, feeling of dying, and neuropsychological symptoms such as feeling hot, feeling indigestion and discomfort in abdomen. The Beck Depression Inventory score was 25 (moderate to severe) and the Beck Anxiety Inventory score was 29. The patient has significant financial problems because he does not receive any compensation and has to rely on his partner's earnings as the only source of income, which contributes to psychological stress.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

THE PATIENT HAS A PAIN SYNDROME RELATED TO TRAUMA, AND SYMPTOMS OF DEPRESSION AND ANXIETY. HE IS DIAGNOSED WITH ADJUSTMENT DISORDER WITH DEPRESSION AND ANXIETY. HIS CONSTELLATION OF SYMPTOMS ALSO WOULD FULLY QUALIFY FOR MAJOR DEPRESSIVE EPISODE WITH PROPER TIME FRAME. HE HAS SIGNIFICANT ANXIETY AND PANIC PROBLEMS WITH A PROMINENT NEUROVEGETATIVE COMPONENT. PSYCHOTHERAPY IS A PROVEN TREATMENT FOR DEPRESSION AND ANXIETY. IT WOULD BE ESPECIALLY BENEFICIAL FOR THE PATIENT DUE TO HIS NEUROVEGETATIVE SYMPTOMS. THE CONCERN THAT THE TREATMENT OF DEPRESSION (PSYCHOTHERAPY) WOULD "PROMOTE CHRONIC PAIN STATE" AND "INHIBIT RECOVERY" IS NOT SUBSTANTIATED. THE PSYCHIATRIC PROBLEMS MUST BE ADDRESSED PROPERLY, NOT ONLY THE PHYSICAL INJURY PER SE. THE HOLISTIC APPROACH TO THE TREATMENT OF PAIN IS THE MODERN STANDARD OF CARE.

IT WOULD ALSO BE COST EFFECTIVE IN THE LONG RUN BECAUSE PSYCHIATRIC PROBLEMS LEFT UNTREATED WOULD, ESPECIALLY IN THIS CASE, PUT THE PATIENT AT RISK OF DEVELOPMENT OF LONG STANDING MAJOR DEPRESSION WHICH HAS HIGH MORBIDITY, FUNCTIONAL IMPAIRMENT, AND DISABILITY POTENTIAL. THE MODERN CONCEPT OF MEDICINE PUTS HIGH EMPHASIS ON PREVENTIVE MEASURES, AND IN THIS CASE TREATMENT OF DEPRESSION AND ANXIETY IS A SECONDARY PREVENTION. IT IS ALSO ESSENTIAL THAT THE TREATMENT TEAM SUBMITTED THE DETAILED PLAN WITH DISTINCT GOALS. THIS APPROACH APPEARS TO BE REASONABLE, AND THE REQUEST FOR PSYCHOTHERAPY SESSIONS SHOULD BE GRANTED.

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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)