

# MEDICAL REVIEW OF TEXAS

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**DATE OF REVIEW: AUGUST 10, 2007**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Individual counseling x 4 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)
- 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**

- | Adverse determination to appeal letter 6/12/07 by, Ph.D.
- | Request for an appeal 6/8/07 by, LPC
- | Adverse determination letter 5/23/07 by, Ph.D.
- | Pre-certification request 5/18/07 by, LPC
- | Evaluation 2/19/07 by, LPC

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Patient is a female who suffered a work related injury on xx/xx/xx. While employed by as a, she was lifting heavy objects and injured her back. The injury was bulging and herniated disc at L4-5 and L5-S1. Since the injury she has had a number of diagnostic studies including x-rays, which was positive for disc problems, an MRI, which showed bulging discs, a discogram, which showed herniation and bulging, and a CAT scan. The patient had LESI injections x 3, facet injections x 2, and MBB. The patient was diagnosed with a pain disorder and major depressive disorder as a result of the work related injury. In addition

to experiencing severe pain (9 out of 10), depressed mood and anxiety, patient is experiencing sleep disturbances, decreased functional ability, increased social withdrawal, and reliance on medications. Patient's medications include Talwin NX 20mg q 6 hours, and Flexeril 30mg three times daily.

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

THE PATIENT WAS DIAGNOSED WITH MAJOR DEPRESSION. THE DIAGNOSIS IS BASED ON CLINICAL SYMPTOMS AND IS CONSISTENT WITH ASSESSMENT SCALES. THE BAI SCORE SUGGESTIVE OF ONLY MILD ANXIETY DOES NOT BY ANY MEANS RULE OUT THE DIAGNOSIS OF MAJOR DEPRESSION CONTRARY TO THE REJECTION LETTER. THE PATIENT HAS NO PREVIOUS PSYCHIATRIC HISTORY. THE ONSET OF DEPRESSION OCCURRED IN THE CONTEXT OF SIGNIFICANT PAIN (9/10), THE LOSS OF FUNCTION AND A SIGNIFICANT PERIOD OF DISABILITY. HAVING STARATED AS THE RESULT OF PHYSICAL CONDITIONS RELATED TO THE INJURY, DEPRESSION OFTEN TAKES A LIFE OF ITS OWN AND CAN PERSIST INDEFINITELY IF UNTREATED. IT IS IMPORTANT TO POINT OUT THAT THE CAUSATION BETWEEN THE INJURY AND DEPRESSION IS UNDISPUTABLE IN THIS CASE, AND THIS CIRCUMSTANCE ALONE NECESSITATES A PRE-CERTIFICATION OF COVERAGE FOR THE TREATMENT OF DEPRESSION (COUNSELING SESSIONS) BECAUSE DEPRESSION IS A SEQUELA OF THE WORK RELATED INJURY AND SHOULD BE ADDRESSED AS SUCH. THE CONCERNS THAT THE TREATMENT OF DEPRESSION WILL "PROMOTE PAIN STATE" ARE NOT SUBSTANTIATED. THE PATIENT IS MOTIVATED, LIKES HER JOB, AND IS WILLING TO RETURN TO WORK. THE EFFECTIVENESS OF PSYCHOTHERAPEUTIC INTERVENTION IN CHRONIC PAIN IS SUPPORTED BY NUMEROUS RESEARCH AND IS THE STANDARD OF CARE IN THIS COUNTRY AND WORLDWIDE. "PSYCHOLOGICAL FACTORS ARE CENTRAL TO THE EXPERIENCE OF PAIN AND FOR THE SPECIFIC TREATMENT OF CHRONIC PAIN AND DISABILITY. THE EVIDENCE FOR THE EFFECTIVENESS OF COGNITIVE-BEHAVIORAL THERAPY FOR ADULTS WITH CHRONIC PAIN IS NOW WELL ESTABLISHED. THIS TREATMENT SHOULD BE AVAILABLE AS A CORE PART OF ANY CHRONIC PAIN SERVICE." [ECCLESTON C, ROLE OF PSYCHOLOGY IN PAIN MANAGEMENT, BR J ANAESTH. 2001 JUL:87(1):144-52] "COGNITIVE BEHAVIORAL THERAPY (CBT) HAS BEEN SHOWN TO BE VERY EFFECTIVE IN ACHIEVING IMPROVEMENTS WITH PATIENTS WHO SUFFER CHRONIC PAIN." [RONALD D, PRINCE J, KOPPE H. PATIENT CENTERED CBT FOR CHRONIC PAIN. AUST. FAM. PHYSICIAN. 2004 MAY:33(5):339-44]

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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
  - \* ECCLESTON C, ROLE OF PSYCHOLOGY IN PAIN MANAGEMENT, BR J ANAESTH. 2001 JUL:87(1):144-52
  - \* RONALD D, PRINCE J, KOPPE H. PATIENT CENTERED CBT FOR CHRONIC PAIN. AUST. FAM. PHYSICIAN. 2004 MAY:33(5):339-44
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)