



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: August 31, 2007

IRO Case

Description of the services in dispute:

#90806 Individual psychotherapy visits: 1 x 6 weeks denied for not being medically necessary.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The Psychologist who performed this review is licensed in Psychology by the state of Texas. This reviewer is a Diplomate of the American College of Forensic Examiners. They also hold a master certification in Neuro Linguistic Programming. The reviewer provides services for both adult and pediatric patients within their practice. The reviewer has been in active practice since 1976.

Review Outcome

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

Upheld.

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.

The 6 sessions of individual psychotherapy are not medically necessary.

Information provided to the IRO for review

Records From the State:

Request for Review-8/1/07-1 page

List of Providers-8/1/07-6 pages

Request for Independent Review-7/30/07- 1 page
Release from Patient-7/30/07-1 page
Treatment Plan-12/8/07-1 page
ER Admission Sheet-1 page
ER Assessment Notes-6 pages
Discharge Instructions-4 pages
History and Physical-12/9/05-1 page
Operative Report-12/9/05-2 pages
Worker's Comp Work Status Report-12/12/05-1 page
Follow-up Visit Notes-12/13/05, 12/20/05, 12/28/05-3 pages
Continuing Disability Claim Form-12/28/05-3 pages
Worker's Compensation History-1/6/06-6 paged
Worker' Compensation Work Status Form-1/12/06-1 page
Follow-up Note-1/12/06-1 page
Transcribed Telephone Conversation from Dr. to Work Comp Adjuster-1/16/06-1 page
Email from Claimant to Adjuster-12/18/06-1 page
Prescription for PT/OT to Hand and Wrist-1/20/06-1 page
Follow-up visit-1/26/06- 1 page
Request for Preauthorization-1/31/06-1 page
Authorization Letter for Treatment-2/1/06-1 page
Employees Request to Change Doctors-2/3/06-1 page
Note-2/6/06-1 page
ICD-9 List Form-2/6/06-1 page
Initial Evaluation from Chiropractor-2/7/06-1 page
Chiropractor Exam Notes-2/7/06-3 pages
Worker's Compensation Work Status Form-2/7/06-1 page
Treatment Plan with Home Instruction Sheets-2/9/06-4 pages
Authorization For Treatment-2/16/06-1 page
Daily Note Reports-2/14/06, 2/16/06, 2/5/06, 2/21/06, 2/28/06-5 pages
HCFA Claim Form-2/16/06-1 page
Follow-up Note-7/15/06-1 page
Left Wrist Consult Request-Undated-1 page
Worker's Compensation Work Status-2/20/06-1 page
Treatment Request Letter-2/22/06-2 pages Functional
Testing Evaluation-2/27/06-11 pages Progress
Evaluation Summary-Undated-8 pages Referral to Pain
Specialist-Undated-1 page
Pain Specialist Consult-3/3/06-1 page
Disability Claim Form-3/7/06-1 page

Follow-up Note-3/8/07-1 page
Return to Work Letter-3/10/06-1 page
Worker Compensation Work Status-3/13/06-1 page
PT Notes-3/13/06-2 pages
Treatment Plan Summary-3/15/06-5 pages
Surgical Authorization for Pinning of Wrist-3/17/06
Summary Review of Records-3/27/07-4 pages
Progress Note-3/29/03-3 pages
Patient Return to Work Determination-3/30/06-2 pages
Worker's Compensation Status Report-4/4/06-1 page
MRI of Wrist-4/6/06-1 page
Bone Scan of Wrist-4/5/06-1 page
RAD Consult-Undated-1 page
Worker's Compensation Status Report-1 page
PT Office Notes-4/16/07-3 pages
Patient Return to Work Determination-4/4/07-1 page
Worker's Comp Medical History Forms-4/24/06-3 pages
Preauthorization Request-5/11/06-2 pages
Worker's Compensation Status Report-6/7/06-1 page
Worker's Compensation Status Report-8/22/06-1 page
Treatment Request Letter-6/6/06-1 page
Treatment Summary-Undated-4 pages
Request for Designated Doctor-4/20/06-1 page
Preauthorization Request-7/6/06-1 page
Billing Form-8/2/06-1 page
Letter Requesting MMI-/7/17/06-1 page
Treatment Summary-8/15/06-1 page
Letter from Department of Insurance -8/15/06-1 page
Report of Medical Evaluation-8/2/06-1 page
Request for EMG-8/22/06-2 pages
CPT Code Request Letter-8/24/06-1 page
Treatment Summary-8/25/06-1 page Pain
Specialist Consult-Undated-1 page
Preauthorization Request-9/15/06-1 page
Authorization Form-9/19/06-1 page
Letter from Attorney-10/27/06-1 page
Letter from Attorney-10/28/06-2 pages
Medical Request Letter-10/24/06-1 page
Authorization to Release Medical Information-Undated-3 pages

Acknowledgment Letter to Release Medical Information-11/07/06-1 page
Letter from Attorney-11/13/06-1 page
Fax and Referral Sheet-11/16/06-2 pages
Consent for Treatment-Undated-6 pages
Referral Sheet-3/6/07-1 page
Psychological Exam Request-Undated-1 page
Referral Sheet for Wrist Exam-3/21/07-1 page
Psychological Exam Scheduling Form-3/22/07- 1 page
Employer's First Report of Injury-12/8/05-2 pages
PT Exam-4/16/07-1 page
Injury Extent Determination-5/1/07- 1 page
Treatment Request Letter-4/24/07-1 page
Report of Medical Evaluation-5/1/07-6 pages
HCFA Claim Form-5/7/07-1 page
Fax from Attorney Requesting Medical Records-5/15/07-1 page
Patient Health History Update-5/07/07-7 pages
Patient Information-Undated-1 page
Texas Health Records-1/6/07-11 pages

Records From the Provider:

Operative Note-12/9/05-1 page
Follow-up Notes-1/12/06, 1/26/06-2 pages
Referral Letter-3/3/06-1 page Office
Visit Note-10/24/06-1 page
Procedural Report-11/3/06-2 pages
Treatment Summary/Reassessment Form-12/12/05-3 pages
Request for Review by an Independent Review Organization-7/30/07-5 pages

Records Received From Unknown:

Employers First Report of Injury Form-1 page
ER Records/Admission/Discharge Records-11 pages
Office Visits-12/9/05, 12/13/05, 12/20/05, 12/27/05, 12/12/06, 1/26/06, 2/15/06, 3/8/06-8
pages
Work Status Report-12/12/05-1 page
Current Health Condition-1/1/06-4 pages
Treatment Plan-12/8/05-1 page
PT/OT Prescription-1/20/06-1 page

CPT Code Request Letter-1/31/06-1 page
SOAP Notes-2/6/06-2 pages
Work Status Report-2/7/06-1 page
Daily Report Notes-2/7/06-3 pages
Work Status Report-2/20/06-1 pages
Progress Notes-2/22/06-1 pages
Functional Testing Evaluation-3/29/06-11 pages
Treatment Clinical-3/7/06-3 pages
Return to Work Evaluation-3/10/06-1 page
Work Status Report-3/13/06-1 page
Clinical Summary-Undated-10 pages
Work Status Report-4/12/06-1 page

Records Received From the Carrier:

Radiology Reports-4/17/06, 4/24/06-2 pages
Pain Consultation-4/19/06-3 pages
Follow-up Visit Notes-4/20/07, 6/1/06-2 pages
Report of Medical Evaluations-4/27/06, 8/8/06-2 pages
Ortho Consult-4/26/06-2 pages
Upper Extremity Impairment Evaluation-4/26/06-1 page
Pain Consult Re-Evaluation-5/8/06-7 page
Work Status Reports-6/7/06, 8/22/06, 9/8/06, 10/16/06,-4 pages
Procedure Reports-6/16/06, 8/11/06, 10/1/06-8 pages
Office Visits-6/28/06, 8/15/06, 8/25/06, 9/12/06-7 pages
Update Referral Letter-8/6/06-4 pages
Mental Health Evaluation-8/25/06-4 pages
Medical Necessity Teleconference Reports-8/29/06, 9/19/06-3 pages
Functional Ability Test-10/4/06-20 pages
Designated Doctor Dispute Letter-10/24/06-1 page
Causation Letter-Undated-1 page
Work status report 11/22/06 1 page
NCV/EMG results 11/28/06 6 pages
Work status report 11/28/06, 01/02/07 2 pages
Initial behavioral medicine consult 1/9/07 6 pages
Note from Dr. 1/10/07 1 page
Note from Dr. 1/23/07 1 page
Exam note 1/23/07 2 pages
Daily notes report 1/24/07 1 page

Office visit note 1/31/07 1 page
Peer review 2/12/07 3 pages
Medication list 2/3/07 2 pages
ER record 2/13/07 5 pages
Radiology report 2/13/07 2 pages
Operative report 2/13/07 2 pages
Office visit note 2/20/07 1 page
Psychotherapy session notes 3/1/07 1 page
Psychotherapy note 3/30/07 2 pages
Office note 4/3/07 1 page
Treatment plan 4/16/07 1 page
Chiro note 4/16/07 1 page
Office notes 4/16/07 2 pages
Psychotherapy note 4/23/07 2 pages
X-ray note 5/1/07 2 pages
Office notes 5/2/07 2 pages
Work status report 6/3/07 1 page
Office note 5/4/07 1 page
Office notes 5/7/06 3 pages
Office notes 5/9/07, 5/10/07 4 pages
Letter from Dr. 5/11/07 4 pages
Notice of disputed issues 5/15/07 1 page
Office note 5/18/07 1 page
Office note 5/22/07 3 pages
Work status report 5/22/07 1 page
Post Surgical PPE 5/23/07 13 pages
Office note 6/14/07 1 page
Work status report 6/14/07 1 page
Office note 6/26/07 1 page
Peer review 7/5/07, 7/26/07 6 pages
Letter from PC 8/14/07 6 pages

Patient clinical history [summary]:

The patient is a female who sustained a left wrist fracture when she slipped on some ice in a parking lot and fell landing directly on her left arm. She is diagnosed with reflex sympathetic dystrophy and posttraumatic arthropathy. Immediately following the injury she underwent closed reduction with percutaneous pinning followed by post operative PT. She continued with significant pain and loss of function. She received several stellate injections that provided some relief. The

patient noted distal radial injections worsened her pain. She was seen by numerous second opinions and designated doctor evaluators. She was recommended for a second surgery, but was told due to the RSD surgery could actually worsen her condition. In 4/06 she was noted to not be at MMI and was recommended for further treatment. Follow up DD examination was completed in 8/06. At that time she was placed at a MMI status and awarded 10% impairment. It was noted she had received full and extensive treatment for her injuries. The reviewer opined she had made substantial improvement. However, continued with multiple non-organic signs. On 8/25/06 she underwent an initial psychological evaluation. At that time her complaints included ongoing pain and financial distress, loss of physical capacity, depression, frequent crying and insomnia. She also reported high levels of anxiety and panic attacks. She noted her symptoms revolved around her strong dissatisfaction with her level of functioning. At that time she denied any previous psychological history or treatment for. Diagnosis was given as adjustment disorder with depressed mood. She was recommended for individual psych therapy. Subsequently this was requested and denied on utilization review. In 10/06 the designated doctor finding was disputed. Dr. noted the patient continued with severe pain and limited function for which she was still receiving treatment. He felt all treatment measures had not been exhausted. A causation letter was also included indicating due to the severity of her fracture her other symptoms were not the primary focus of treatment. He noted she sustained a full body injury to include significant impact on the neck, left shoulder, right wrist, right ribs, back and hip. In 1/07 she underwent a second behavioral medicine evaluation. At that time the patient reported continued loss of function and was very guarded and cynical. In the evaluation it was noted she tended to ruminate on the medical /healthcare system provider issues and verbalized extreme suspicion regarding conspiracies between local, state and federal agencies. The reviewer opined she demonstrated a presence of non-bizarre delusions of a persecutory type. It was also noted this does not appear to be related to the current injury. She again however, expressed nervousness, sadness, depression, sleep disturbance and poor concentration. At this time she was diagnosed with pain disorder with psychological factors and major depressive disorder, recurrent and severe. Treatment goals were to establish a collaborative relationship where the patient is exploring the factors that result in her mood disturbance, to challenge distortive thinking, increase her independence, alleviate psychological stress, reduce subjective pain complaints, decrease impact of flare ups, improve problem solving skills and develop a vocational plan. Beck depression and anxiety testing were completed. BDI was 39 (and the BAI was also 39). From 3/07 to 6/07 5 sessions of IPT were completed. Ongoing progress was noted. The patient was noted however to have continued distortions that was maladaptive to her physical and psychological health. She noted she was making an effort however. She was recommended for additional treatment. In 5/07 a 3rd designated doctor evaluation was completed in rebuttal to the requested for reconsideration of MMI status and impairment. The reviewer opined the findings on initial and subsequent evaluations indicate the injury was limited to the left wrist only. He also noted again that there were multiple non organic findings indicative of marked functional overlay. On 7/9/07 a request was made for 6 sessions of individual psychotherapy. This

was reviewed and denied on initial review by Dr.. He denied for relatedness indicating the patient has preexisting depression and psychological factors to include bio-psychosocial distress. A reconsideration letter indicated the persecutory delusions were not related to the depression, injury or pain disorder which is what the treatment was requested for. Subsequently reconsideration was requested. This was denied on 7/26/07 by Dr. for no specific reason. He cited The Official Disability Guidelines as evidenced based criteria for the denial. An IRO was completed on 8/14/07 upheld the decisions of the original 2 reviewers regarding medical necessity for individual psychotherapy services. It was noted there had been no documented objective results and the treatment was not necessary for the compensable injury. This is a final level appeal of services being denied as not medically necessary. Services denied #90806 Individual psycho therapies one time a week for 6 weeks.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:

Question – Do you uphold or overturn the prior denials? I would uphold the prior denials in that the patient did not make sufficient progress in the initial 6 sessions. In my opinion, extensive psychological testing was needed for this patient and prior to proceeding with treatment this would be necessary. Her prior psychological factors and history aside, she has a diagnosis of RSD which is likely to cause her significant constant pain which can lead to depression due to her inability to function.

A description and the source of the screening criteria or other clinical basis used to make the decision:

1. The Official Disability Guidelines.
2. Paykel ES. Cognitive therapy in relapse prevention in depression. Int J Neuropsychopharmacol. 2006 Jun 20; 1–6.
3. Bockting CL, Spinhoven P, Koeter MW, Wouters LF, Visser I, Schene AH; DELTA study group. Differential predictors of response to preventive cognitive therapy in recurrent depression: a 2-year prospective study. Psychother Psychosom. 2006;75(4): 229–36.
4. ACOEM Guidelines Chapter 15 p. 398–401.