**Notice of Independent Review Decision**

**DATE OF REVIEW:**
08/21/2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**
Individual psychotherapy once a week for a total of six sessions over a six week period.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**
Doctor of Osteopathy, Board Certified Anesthesiologist, and Specializing in Pain Management.

**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.
**Deny the individual psychotherapy once a week for a total of six sessions over a six week period as not medically necessary.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**
- Case Report dated 08/09/07
- Referral dated 08/09/07
- DWC: Notice, LLC Of Case Assignment dated 08/08/07
- DWC: Notice To Utilization Review Agent Of Assignment dated 08/08/07
- DWC: Confirmation Of Receipt Of A Request For A Review dated 07/24
- LHL009: Request For A Review By An Independent Review Organization dated 07/23/07
- Direct: Review Determinations dated 07/02/07 and 06/13/07
- Health Associates: Pre-Authorization Appeal Requests dated 06/2707, 06/08/07
- Health Associates: Response to Denial Letter dated 06/26/07 from M.S., L.P.C.
- L.P.C.: Initial Diagnostic Screening dated 06/08/07
- Patient Pain Drawing, Pain Experience Scale, Inventory, Revised Vestry Low Back Pain Disability Questionnaire, Steep Questionnaire dated 05/16/07
- Pain & Rehab Center: Follow up Notes dated 03/15/07, 02/15/07, 01/18/07 from D.C.
- Pain & Wellness Clinic: Follow Up Note dated 02/15/07 from M.D.
- Pain and Wellness Centers: Right Heel Plantar Fascia Injection dated 01/11/07 from M.D.
- Health Evaluation/Treatment Request dated 12/20/05

**PATIENT CLINICAL HISTORY [SUMMARY]:**
The injured individual is a xx year old female with date of injury xx/xx/xx. The diagnosis is foot and low back pain. The injured individual has had physical therapy (PT) and injections. She is on Ultram and an NSAID only. She has not tried any antidepressants, anxiolytics, or sleep aides yet is noted to be depressed, anxious, and suffering from sleep disorder. Her Beck Depression Index (BDI) is 16 and Beck Anxiety Index (BAI) is 11. Both of these levels indicate minimal depression and anxiety. Both Official Disability Guidelines (ODG) and American College of Occupational and Environmental Medicine **(**ACOEM) recommend psychotherapy for moderate to severe symptoms of depression and anxiety; this injured individual does not document these symptoms or failure of medication management.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**
The psychotherapy is denied as the injured individual is not "majorly depressed". Her BDI is 16, which indicates minimal levels of depression. Also, she has never tried medications to address this depression, her minimal anxiety, or sleep disorder before considering psychotherapy.

**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 Copyright 2004 pages 398-399.**

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
**Official Disability Guidelines 2007:**
Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psychotherapy). (Paykel, 2006) (Bockting, 2006) (DeRubeis, 1999) (Goldapple, 2004) It also fared well in a meta-analysis comparing 78 clinical trials from 1977 -1996. (Gloaguen, 1998) In another study, it was found that combined therapy (antidepressant plus psychotherapy) was found to be more effective than psychotherapy alone. (Thase, 1997) A recent high quality study concluded that a substantial number of adequately treated patients did not respond to antidepressant therapy. (Corey-Lisle, 2004) A recent meta-analysis concluded that psychological treatment combined with antidepressant therapy is associated with a higher improvement rate than drug treatment alone. In longer therapies, the addition of psychotherapy helps to keep patients in treatment. (Pampallona, 2004) For panic disorder, cognitive behavior therapy is more effective and more cost-effective than medication. (Royal Australian, 2003) The gold standard for the evidence-based treatment of MDD is a combination of medication (antidepressants) and psychotherapy. The primary forms of psychotherapy that have been most studied through research are: Cognitive Behavioral Therapy and Interpersonal Therapy. (Warren, 2005)
ODG Psychotherapy Guidelines:
Initial trial of 6 visits over 6 weeks
With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions).