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DATE OF REVIEW: AUGUST 7, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual counseling – 4 sessions

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

Doctor of Psychology, licensed in the State of Texas

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)

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Individual Counseling – 4 sessions	90806	Upon approval	Adverse determination upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Record Description	Record Date
Report of Medical Evaluation –MD	06/08/94
Office Visit & Exam findings Advantage Healthcare Systems. MD & DO	06/19/06
Office Visit / Evaluation–LPC	11/10/06
Canton Weekly Summary –Healthcare Systems	12/21/06
Utilization Review Appeal (Chronic Behavioral Pain Management Program – 10 sessions) - Healthcare Systems –MS LPC	01/24/07
Weekly Medical Summary –Healthcare System	02/08/07
Office Visit – Re-Evaluation –Advantage Healthcare Systems –PA-C	
Weekly Medical Summary - Healthcare System	02/13/07
Multidisciplinary Pain Management Program Notes –LPC	02/13/07
Multidisciplinary Pain Management Program Notes –LPC	02/14/07
Multidisciplinary Pain Management Program Notes –LPC	02/15/07
Multidisciplinary Pain Management Program Notes –LPC	02/16/07
Utilization Review decision –.	05/21/07
Utilization Review appeal decision –.	06/18/07
Response & Treatment history –.	07/19/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male with a history of injury to the low back. Of note he was placed at MMI in 6/94 with 24% impairment. Treatment history has included rest, medications, PT, facet and epidural injections, 6 weeks of work hardening completed in 94, 2 surgical interventions in 96 and 97, individual psych therapy and more recently in early 2007 participation in 20 sessions of chronic pain management. Diagnostics have included x-rays, EMG, and MRI. Prior to entry into CPMP a psychological evaluation was completed. Diagnosis was chronic pain disorder. Beck depression and anxiety inventories were 23 and 35 respectively. The patient then entered into the CPMP. Subsequently a recommendation and request was made for post program individual psych therapy for aftercare. Treatment goals were to reduce mood, teach utilization of pain management skills, improve coping, develops realistic goals, improve sleep and improve overall function and increase activity. An initial request was made in 5/07. The request was denied for lack of reasonable expectation for outcome of success given the history and the recently completed program. An appeal was filed and reviewed in 6/07. He also opined there was a lack of appropriate treatment plan and no reasonable expectation for outcome of success. The reason for referral is for completion of IRO for medical necessity for 4 sessions of individual counseling.

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

Is the request for 4 sessions of individual counseling medically necessary? No, according to the records submitted there is a lack of sufficient follow up documentation after completion of the program to facilitate a need for individual psych therapy sessions. There were also only a few progress notes provided from the CPMP and absolutely no follow up notes provided. I would also concur with the UR reviewers in that the goals were generic and not specific to the patients needs and noting the treatment to date without sufficient progress, there was no reasonable expectation for outcome of success. The aforementioned guidelines do recommend aftercare however there are considerations that have to be met. Based on the information provided there is no indication the patient meets these criteria. As such IPT is denied.

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

ODG does not specifically address IPT for aftercare.

National Guideline Clearinghouse:

Evidence-based clinical practice guidelines for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. Sanders SH, Harden RN, Vicente PJ. Evidence-based clinical practice guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. Chattanooga (TN): Siskin Hospital for Physical Rehabilitation; 2005. 41 p. [116 references]

Continuation of Treatment and Follow-Up:

1. Application of an upper limit of 20 total primary treatment days for chronic non-malignant pain syndrome (CPS) patients in most cases (upper limit may be extended based on documented program outcome and goals)
2. Application of a minimum of three months of follow-up with patients after completion of primary treatment
3. Provision of 6-12 months of follow-up when possible

MAJOR OUTCOMES CONSIDERED

- Patient's physical and general functional status
- Patient's ability to self-manage pain and related problems
- Patient's vocational/disability status
- Patient's use of opiate and sedative-hypnotic medications
- Patient's healthcare utilization for CPS (e.g., number of invasive medical procedures)
- Patient's level of subjective pain intensity

