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DATE OF REVIEW: 08/28/2007

IRO CASE #:

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

This case was reviewed by a psychologist. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual psychotherapy one times six weeks

REVIEW OUTCOME

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

Upheld (Agree)

REVIEW OF RECORDS

- o Submitted medical records were reviewed in their entirety.
- o July 11, 2007 utilization review report
- o July 31, 2007 utilization review report
- o May 30, 2007 initial behavioral medicine consultation report by Ph.D. and Ph.D.
- o June 15, 2007 MRI report of the right hand by M.D.
- o January 9, 2007 cervical spine MRI report by M.D.
- o December 29, 2006 chart notes from M.D.
- o July 24, 2007 reconsideration preauthorization request letter by M.S.

CLINICAL HISTORY SUMMARY

The patient sustained an industrial injury. A July 11, 2007 utilization review report rendered a non-certification for individual psychotherapy sessions, one times six weeks. This report notes that the patient has history of cervical and right hand, wrist, and right upper extremity pain complaints with conservative care. The report notes that the clinical indication for psychotherapy could not be established. The evaluation of May 30, 2007 finds an impression of major depressive disorder, which the reviewer stated is likely an erroneous diagnosis. The letter states that there is no psychometric data to support this. The reviewer acknowledges that the claimant has difficulty performing basic tasks because of the pain and associated with the experience of pain. However, the report notes that in workers' compensation, claimants with this type of chronic musculoskeletal pain problem, depression is generally a well integrated component of the clinical presentation, but this cannot be treated unimodally with any sanguine prognosis. The letter states that the provider was not able to identify any unique characteristics of the patient which would controvert this. Major reviews on the empirical effectiveness of cognitive behavioral therapy for depression are not based on samples with co-morbid chronic pain conditions. The letter notes that since no unique characteristics of this patient can be identified for the psychotherapy, there is no evidence that this is an "appropriately identified patient" for this therapy.

A July 24, 2007 reconsideration letter was submitted by the provider. The letter responds to the reviewer's opinion that the patient does not demonstrate major depressive disorder. The letter states that the patient clearly has a major depressive disorder and the reviewing doctor has created his own internal rationale for denying this request. The letter quotes the Official Disability Guidelines regarding cognitive behavioral therapy, stating that it is recommended based on a meta-analysis that compared its use with pharmaceuticals. Based on these guidelines, the letter states that the patient should be afforded the guidelines' recommended initial trial of six visits over six weeks.

Another utilization review letter, dated July 31, 2007, also renders a non-certification for this request. The rationale was described as follows. The report states that the patient is a female who has been treated with conservative care including medications. The patient is currently reporting severe symptoms of depression (BDI 32) and mild symptoms of anxiety (BAI 13). There is no indication that the patient has attempted to return to employment according to the report. There is no assessment of psychosocial factors or non-medical obstacles that may be contributing to the maintenance of symptoms in the patient. According to the reviewer, there is no evidence provided in the documentation that the reported symptoms are causing a delayed recovery from this injury. The patient had apparently been returned to work until her company merged with another company and she was released. Since that time, there had been no indication that she had attempted to return to work and there was no indication of an effective disorder prior to her release from work. In discussion with the provider, the reviewing psychologist was apparently told that the patient had not returned to work due to her pain, that the affective symptoms are strictly secondary to the work related injury, and there were no secondary gain issues.

The medical records contain a May 30, 2007 initial behavioral medicine consultation report. It supplies a history of the presenting injury. The patient was working as a customer service representative since May 2000 at a heavy volume call center. She had experienced increasing pain in her neck, right hand, wrist, and shoulder and finally reported it to her supervisor. She sought medical treatment and was returned to work with restrictions. She continued to work under these restrictions for the next four months and found that her pain was manageable with the modifications. The company merged with another company and the patient was then asked not to return to work with the new company. Her last day of work was on and she sought follow-up medical care.

A cervical spine MRI performed on January 9, 2007 revealed a mild spondylosis at C5. A right hand MRI was performed on June 15, 2007 with an impression of minimal index digit metacarpal joint effusion and small inflammatory or synovial cyst dorsally of the metacarpal head, small third and fifth digit metacarpophalangeal joint effusions, and mild features of carpal tunnel syndrome suggested. The patient was expressing distress and referred for a behavioral health evaluation.

The patient reported that the pain significantly interferes with her completion of routine action of daily living, engagement and recreational, social, and family activities, and performance of work tasks. She denied previous psychological care prior to her work injury. She reported numerous stressors, as well as unwanted changes in her physical functioning and psychosocial status resulting from her injury. Since the job termination, she and her family have struggled with changes in their financial resources according to the report. In addition to significant restrictions in activities of daily living, she reported increased conflict with her family, less participation in family outings, and increased isolation from others. She expressed a high level of frustration with physical/functional and social changes. She endorsed significant loss of interest and pleasure in things she used to enjoy, increased irritability and restlessness that she cannot do the things she used to do, emotional fragility and being easily tearful when she considers her current circumstances, feeling of less worthiness as well as self-criticalness and self dislike, fatigue, lacking energy for activities, decreased libido, decreased appetite with weight loss, poor sleep hygiene, and difficulty concentrating and making decisions. She was provided an Axis I diagnosis of major depressive disorder, single episode, moderate, secondary to work injury. Axis II included no diagnosis. Axis III included her musculoskeletal injuries. Axis IV included disruption in occupational, familial, and social functioning as well as economic hardship subsequent to work injury. Axis V included a GAF score of 55 currently and an estimated preinjury GAF of 85.

The report notes that the aim of the individual psychotherapy sessions utilizing cognitive behavioral therapy would be to help her challenge particular thoughts of sadness, increased irritability and frustration; explore how activities of daily living can be modified so that she could do them more easily; monitor sleep hygiene to improve sleep such that she will report getting at least six hours of relatively undisturbed sleep by the end of the session; discussion of return to work plans, and challenging negative thoughts.

ANALYSIS AND EXPLANATION OF DECISION

Extensive information was provided regarding this patient's treatment course, as well as objective documentation of symptoms of depression and anxiety. Review of the timeline regarding this patient's injury, treatment, symptoms, and treatment requests lead to uncertainties that would be helpful to be addressed regarding the request for psychotherapy, as well as the connection of the patient's depressive symptoms and her injury. 1. It was not documented whether the patient's symptoms of depression are due to her injury or release from work, as there was no identifiable documentation of depression during the time the patient had returned to work; 2. It is uncertain if the patient's last day of work was due to her being let go from the company or due to the patient's injury; 3. I was unable to identify the doctor's note regarding the patient's distress and request for behavioral medicine prompting the referral for behavioral health evaluation; 4. Significant lifestyle change was noted in the behavioral health and following reports, however, it is undetermined whether this is due to the job termination versus the patient's pain and limited function, however, during the patient's return to work for four months there was no available documented information regarding symptoms of depression nor pain interfering with the patient's ability to work with the recommend restrictions. At this time, it is my recommendation that the determination be upheld, in that the request for individual psychotherapy, one times six weeks is denied.

The IRO's decision is consistent with the following guidelines:

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