

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 07/30/07

**IRO CASE #:**

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

Individual psychotherapy once weekly for six weeks (90806).

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

Ph.D., Clinical Psychologist.

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Based on the clinical information submitted for this interview, and using the evidence-based, peer-reviewed guidelines referenced later in this report, this request for individual psychotherapy once week for six weeks (90806) is considered medically necessary.

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI case assignment
2. Letters of denial
3. Requests for pre-authorization 05/29 & 06/12/2007
4. 2007 office notes & evaluations 03/12, 04/27 & 05/07/2007
5. 2006 office notes 10/06/ thru 12/08/2006 (5 visits)

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The injured employee, while working as a carpenter, sustained a laceration from a rebar saw to his right thumb. He also reported injury to his right shoulder and right index finger on the same date. Surgery on the laceration was performed on 10/06/06, after which he wore a cast. On 12/08/06 he was referred to physical therapy to address

continued pain and difficulty moving his thumb. Records indicate that twelve sessions of physical therapy were received in February 2007; however, the injured employee continued to report significant pain. He was prescribed Lexapro 10 mg and referred by his physician for individual psychotherapy and assessment to determine the relationship of mental health concerns to the work accident.

The licensed professional counselor's report indicates that the injured employee reported significant frustration/anger, muscle tension/spasm, nervousness and worry, sleep disturbance, and forgetfulness. However, this self-report was incongruent with the results of the Beck Depression Inventory II-Spanish Translation, and the Beck Anxiety Inventory-Spanish Translation, which were interpreted as indicative of minimal depression and mild anxiety. The provider indicated that scores appeared minimized and incongruent with some endorsement and diagnosed the injured employee with anxiety disorder, NOS, secondary to work injury.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

The provider reports that VAS scores and self-report endorsement, which are indicative of significant anxiety and depression symptoms, are incongruent with Beck scores showing minimal depression and anxiety. However, concerns about the injured employee's limited comprehension of assessment items and lower level of education call into question the validity of the evaluation of medical necessity based solely on the Beck scores.

Other clinical information including VAS scores, reported difficulties with activities of daily living as well as clinical judgment of his physician, who prescribed Lexapro 10 mg, and L.P.C. who provided a diagnosis of anxiety disorder, NOS, secondary to work injury, all support the medical necessity of the services requested.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 Psychotherapy Guidelines, “Cognitive behavior therapy for depression is recommended based on NETA analysis 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), (DeRubeus, 1999), (Goldapple, 2004) It also fared well in a metaanalysis 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 metaanalysis concluded that psychological treatment combined with antidepressant therapy with associated with a higher improvement rate than drug treatment alone. In longer therapies, the addition of psychotherapy helps to keep the patient 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 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-Official Psychotherapy Guidelines: Initial trial of six visits over six weeks with evidence of objective functional improvement, total of up to thirteen to twenty visits over thirteen to twenty weeks (individual sessions).
- National Guideline Clearing House: Guideline for the evaluation and treatment of injured workers with psychiatric conditions. Olympia, Washington, Washington State Department of Labor and Industries; 2004. If authorization for psychiatric treatment is requested following an initial psychiatric evaluation, it is the claim manager’s responsibility to make a determination as to the relationship between the industrial injury and the psychiatric condition based on the information provided. For this reason, it is very important for the psychiatrist or psychologist to clearly indicate their opinion and the basis for their opinion, whether: the injured worker’s psychiatric condition was not caused or aggravated by the industrial injury, but it creates a barrier to recovery from the condition for which the department has accepted liability. The injured worker’s psychiatric condition was caused by the industrial injury. The injured worker’s psychiatric condition is a pre-existing condition that was aggravated by the industrial injury. The injured

worker's psychiatric condition was neither caused nor aggravated by the industrial injury, nor is it creating a barrier to recovery from the condition for which the department has accepted liability." "The psychiatrist or psychologist evaluating a worker with a psychiatric condition and any identified barriers to recovery. The treatment plan must include intensive, goal-directed treatment and include a recommended duration of treatment. The treatment plan should be included in the evaluation report and updated throughout treatment."

- \_\_\_\_\_ Pressley Reed, The Medical Disability Advisor.
- \_\_\_\_\_ Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- \_\_\_\_\_ Texas TACADA Guidelines.
- \_\_\_\_\_ TMF Screening Criteria Manual.
- \_\_\_\_\_ Peer reviewed national accepted medical literature (provide a description).
- \_\_\_\_\_ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)