

P-IRO Inc.

An Independent Review Organization

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DATE OF REVIEW: 7/8/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

6 sessions of individual psychotherapy

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

LICENSED MASTER SOCIAL WORKER, LICENSED IN TEXAS
5 YEARS EXPERIENCE IN PSYCHIATRIC HOSPITAL SETTING, INCLUDING
PSYCHIATRIC INTENSIVE CARE, ADULT ACUTE CARE, CHILDREN AND
ADOLESCENTS, AND CHEMICAL DEPENDENCY; INDIVIDUAL, GROUP, AND
FAMILY THERAPY, ASSESSMENTS, DISCHARGE PLANNING

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)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- NOTIFICATION OF CASE ASSIGNMENT (6/19/07)
- TEXAS DEPT OF INSURANCE CORRESPONDENCE
- MRI REPORT FROM MEDICAL (1/15/07)
- CONSULTATION REPORTS FROM DR. (1/11/07-4/15/07)
- CONSULTATION REPORT FROM LLC. (6/07/07)
- INITIAL BEHAVIORAL MEDICINE CONSULTATION (12/18/06)
CONTINUATION: BEHAVIORAL HEALTH TREATMENT PREAUTHORIZATION
REQUEST (5/23/07)
- RE-CONSIDERATION: BEHAVIORAL HEALTH TREATMENT
PREAUTHORIZATION REQUEST (6/4/07)
- NOTIFICATIONS OF DENIAL OF SERVICES (5/26 & 6/15/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

THE INJURED EMPLOYEE IS A MALE, WHO SUFFERED A WORK RELATED INJURY, WHILE LIFTING A 400-500 POUND CYLINDER. THE INJURED EMPLOYEE REPORTEDLY FELL BACKWARD, AND FELT INSTANT ONSET OF PAIN IN HIS UPPER AND LOWER BACK AREAS. HE HAS BEEN TREATED WITH MEDICATION AND PHYSICAL THERAPY. MRI AND ELECTRODIAGNOSTIC EXAMINATIONS WERE PERFORMED, AS WELL AS A CONSULTATION WITH DR. , ORTHAPEDIC SPINE SURGION (ON 6/7/07). BASICALLY, IT WAS DETERMINED THAT THE INJURED EMPLOYEE SUFFERED FROM INSTABILITY OF L4-L5 AND L5-LS1, AND L4-L5, L5-S1 POSTERIOR ANNULAR TEARS. DR. IS RECOMMENDING SURGERY (ANTERIOR LUMBAR INTERBODY FUSION WITH POSTERIOR DECOMPRESSION AND POSTERIOR PEDICLE SCREW STABLIZATION TO INCLUDE POSTEROLATERAL FUSION, UTILIZING TRANSVERSE PROCESS TECHNIQUE AND HARVESTING OF ILIAC CREST BONE).

THE INJURED EMPLOYEE IS INSULIN DEPENDENT DIABETIC. HE HAS NOT WORKED SINCE THE INJURY. THERE IS REPORTEDLY NO HISTORY OF LOW BACK PAIN, LEG PAIN, OR DYSESTHESLAS IMMEDIATELY PRIOR TO THE DATE OF INJURY. HE ALSO DENIES TREATMENT FOR MENTAL OR EMOTIONAL ISSUES IMPACTING HIS ABILITY TO FUNCTION PRIOR TO THE WORK INJURY.

CURRENT MEDICATIONS ARE TRICOR, CELEBREX, METHOCARBAMOS, TRAMADOL, AND ZANTAC.

THE INJURED EMPLOYEE’S DIAGNOSIS, AT THIS TIME:

AXIS I 292.20, MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE,
UNSPECIFIED

AXIS II V71.09, NO DIAGNOSIS

AXIS III 847.0, NECK SPRAIN/STRAIN
847.1, THORACIC SPRAIN/STRAIN. PER AVAILABLE MEDICAL
RECORDS

AXIS IV VOCATIONAL AND ECONOMIC PROBLEMS

AXIS V GAF: CURRENT-55 PRE-INJURY—80+

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

The URA reviewers in the denial letters of service opine that the injured employee is not an “appropriately identified patient” for this therapy (6 sessions of individual psychotherapy). They point out that the initial behavioral evaluation was done, and that no evaluation has been done since, suggesting that current psychological and behavioral status is unknown. The URA reviewers question why the injured employee reported “mild” symptoms of anxiety and depression, and was treated with lexapro then, but now reports severe symptoms of depression (Beck depression inventory-34) and is not currently taking an antidepressant. The URA reviewers point out that the patient was returned to light duty, but the employer didn’t provide this.

THE INJURED EMPLOYEE STATES THAT HE REPORTED HIS INJURY TO HIS EMPLOYER ON THE DAY IT OCCURRED, AND SOUGHT MEDICAL ATTENTION FROM THE COMPANY DOCTOR ON THE DATE OF INJURY AS WELL. HE TRANSFERRED HIS CARE TO DR. ON OR ABOUT. AT THAT TIME, DR.

PRESCRIBED LEXAPRO, AND REFERRED THE PATIENT FOR THE INITIAL BEHAVIORAL CONSULTATION.

IT IS SIGNIFICANT TO THIS REVIEWER THAT, AT THAT TIME, FURTHER DIAGNOSTICS WERE REQUESTED, I.E. "A COMPREHENSIVE PSYCHOLOGICAL PAIN WORK-UP TO INCLUDE FORMALIZED TESTING AND ASSESSMENT TECHNIQUES." WANTED TO "PROVIDE A CLEARER PICTURE OF HIS OVERALL FUNCTIONING, AND CLARIFY THE DEPTH OF THE EMOTIONAL AND PHYSIOLOGICAL IMPACT OF THE INJURY, AND IDENTIFY OTHER ISSUES, INCLUDING PERSONALITY FEATURES THAT MAY BE IMPACTING HIS RECOVERY." IT WAS POINTED OUT BY THE TESTERS AT THAT TIME THAT, ALTHOUGH THE PATIENT'S RESULTS OF THE BECK DEPRESSION AND ANXIETY INVENTORIES INDICATED MILD ANXIETY AND DEPRESSION, THESE WERE DISPROPORTIONATE WITH WHAT THE INJURED EMPLOYEE WAS VERBALLY REPORTING. **THIS REQUEST WAS DENIED BY THE INSURANCE COMPANY.** IT SEEMS CONTRADICTORY TO CLAIM THAT ADEQUATE CLINICAL OR DIAGNOSTIC IMPRESSIONS ARE NOW LACKING.

IN THE MEDICAL EVALUATION OF 1/11/07, BY DR. OFFICE, IT IS NOTED THAT PATIENT'S PAIN, ANXIETY, AND DEPRESSION LEVELS WERE AT THE LEVEL OF 8/10, DESPITE LEXAPRO.

ON 2/2/07, ANXIETY LEVEL WAS 9/10, DEPRESSION LEVEL WAS 7/10, AND PAIN WAS 8.5/10.

ON 3/14/07, PATIENT'S PAIN LEVEL WAS 8/10, AND HIS ANXIETY WAS 8/10, AND DEPRESSION WAS 9/10, "DESPITE LEXAPRO 20 MG AT BEDTIME." ON THIS DATE, DR. REPORT STATES "WE ARE ADDING WELLBUTRIN XL 150MG, FOR SEVERE RECALCITRANT DEPRESSION DIRECTLY RELATED TO HIS WORK INJURY. CURRENTLY UNRESPONSIVE TO SSRI ALONE."

ON DR. 4/13/07 TREATMENT/EVALUATION REPORT, PATIENT'S PAIN LEVEL WAS 8.5/10, ANXIETY WAS 6/10, AND DEPRESSION WAS 8/10. ON THIS REPORT, THE #4 IMPRESSION IS: SIGNIFICANT MOOD DISTURBANCE DIRECTLY RELATED TO HIS WORK INJURY. DR. FURTHER NOTES, "PSYCHOTROPIC MEDICATIONS AND PSYCHO-THERAPY WERE DENIED, IN APPROPRIATELY (SIC)." "ALSO, WE NEED TO CHALLENGE THE FACT THAT HIS PSYCHOTROPIC MEDICATIONS ARE NOT BEING COVERED."

BY REVIEWING THE TREATING DOCTOR'S NOTES FROM JANUARY TO APRIL, IT SEEMS CLEAR THAT THE INJURED EMPLOYEE'S DEPRESSION AND ANXIETY WERE BEING MONITORED, AND ATTEMPTS WERE BEING MADE TO TREAT IT WITH MEDICATION. (IT SEEMS CONTRADICTORY HERE ALSO TO WITHHOLD PSYCHOTHERAPY, CLAIMING THAT THE PATIENT HAS NOT BEEN TAKING AN ANTIDEPRESSANT, ALTHOUGH THE ANTIDEPRESSANT WAS DULY AND NOTABLY PRESCRIBED, YET **DENIED** BY THE INSURANCE COMPANY.) THE RECORD REFLECTS THAT PATIENT'S PAIN LEVEL REMAINED HIGH. IT IS WELL KNOWN THAT CHRONIC PAIN CONTRIBUTES TO DEPRESSION; CHRONIC PAIN PATIENTS ARE AT HIGH RISK FOR MENTAL HEALTH DISORDERS.

IT IS ALSO WELL KNOWN THAT THE MOST EFFECTIVE CHRONIC PAIN MANAGEMENT CONSISTS OF A MULTIDISCIPLINARY DIAGNOSTIC AND TREATMENT APPROACH. (Follickl, M.J., AHERN, D.K., ATTANASIO, V., AND RILEY, J.F., CHRONIC PAIN PROGRAMS: CURRENT AIMS, STRATEGIES, AND NEEDS, ANN. BEHAV.MED., 7(1985) 17-20). DR. AND THE LPC'S HAVE PARTNERED IN AN ATTEMPT AT MULTIDISCIPLINARY DIAGNOSTIC AND TREATMENT. DR. INITIALLY SAW THE PATIENT, AND HE REFERRED THE PATIENT FOR THE BEHAVIORAL EVALUATION. ACCORDING TO PhD, FORMERLY WITH MEDICAL CENTER, AND

NOW WITH UNIVERSITY REGARDING PAIN CONTROL, "TWO AREAS ARE VERY IMPORTANT. ONE IS THE BENEFIT OF EARLY INTERVENTION. IS IT TRUE THAT THE LONGER YOU HAVE PAIN, THE MORE ENTRENCHED YOU ARE GOING TO BE IN YOUR WAYS OF DEALING WITH IT? THE OTHER IS THE QUESTION OF MATCHING TREATMENT TO THE UNIQUE PROFILE OF THE PATIENT. I THINK WHEN WE CAN DO THAT, WE CAN STREAMLINE THE TREATMENTS."

IN THE RECONSIDERATION REQUEST FOR PREAUTHORIZATION, HAS ESTABLISHED CLINICAL INFORMATION AND MATCHED TREATMENT TO THEIR PATIENT'S PROFILE, SUPPORTING THEIR CASE FOR 6 PSYCHOTHERAPY SESSIONS. THE INJURED EMPLOYEE'S CURRENT ASSESSMENT INDICATES SEVERE DEPRESSION (BECK INVENTORY – 34). HIS ANXIETY ASSESSMENT INDICATES MODERATE ANXIETY (BECK INVENTORY – 24). THE INJURED EMPLOYEE ENDORSES NUMEROUS SYMPTOMS OF MOOD DISORDER, I.E. ANXIETY AND DEPRESSION, SUCH AS "FEELING HOT, DIZZINESS, HEART POUNDING OR RACING, UNSTEADY, TERRIFIED, SCARED, NUMBNESS, FEAR OF THE WORST HAPPENING, NERVOUS, HANDS TREMBLING, SHAKY, FEAR OF LOSING CONTROL, SADNESS, LOSS OF SELF CONFIDENCE, TROUBLE IN MAKING DECISIONS, LACK OF ENERGY, LOSS OF INTEREST IN SEX, SOCIAL LIFE, AND THINGS HE USED TO ENJOY, ...FAMILY PROBLEMS, SLEEP DISTURBANCE, FORGETFULNESS."

HAS CREATED AN AMBITIOUS AND ROBUST TREATMENT PLAN UTILIZING COGNITIVE BEHAVIORAL THERAPY TECHNIQUES, INCLUDING USE OF SELF-REGULATION/STRESS MANAGEMENT, I.E. DIAPHRAGMATIC BREATHING, PROGRESSIVE MUSCLE RELAXATION AND GUIDED IMAGERY, AND IDENTIFYING AND REPLACING COGNITIVE DISTORTIONS. COGNITIVE THERAPY CAN BE USED ALONE IN THE TREATMENT OF MILD TO MODERATE DEPRESSIVE DISORDERS OR IN CONJUNCTION WITH ANTIDEPRESSANT MEDICATION FOR MAJOR DEPRESSIVE DISORDER. IT IS ONE OF THE MOST USEFUL PSYCHOTHERAPEUTIC INTERVENTIONS CURRENTLY AVAILABLE FOR DEPRESSIVE DISORDERS (SADOCK, & SADOCK, (2003) SYNOPSIS OF PSYCHIATRY, p. 959).

408.021 OF THE TEXAS LABOR CODE AND SPECIFIC COMMISSION RULE TWCC 134.1001 (C) (1) (A) – ENTITLEMENT TO MEDICAL BENEFITS WHICH STATES: "AN EMPLOYEE WHO SUSTAINS A COMPENSABLE INJURY IS ENTITLED TO ALL HEAL CARE REASONABLY REQUIRED BY THE NATURE OF THE INJURY AS AND WHEN NEEDED. THE EMPLOYEE IS SPECIFICALLY ENTITLED TO HEALTH CARE THAT:

- i. CURES OR RELIEVES THE EFFECTS NATURALLY RESULTING FROM THE COMPENSABLE INJURY; OR
- ii. PROMOTES RECOVERY; OR
- iii. ENHANCES THE ABILITY OF THE EMPLOYEE TO RETURN TO WORK OR RETAIN EMPLOYMENT.

AFTER REVIEWING ALL THE DOCUMENTS, IT IS THIS REVIEWER'S DETERMINATION THAT THE 6 PSYCHOTHERAPY SESSIONS BE AUTHORIZED.

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
 - PLEASE SEE ABOVE
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)