



## IMED, INC.

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### IRO REVIEWER REPORT

**DATE OF REVIEW:** 03/20/07

**IRO CASE NO.:**

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

Items in Dispute: Individual psychotherapy times six sessions.

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

Texas License and currently on TDI DWC ADL.  
Diplomate of the American Association of Quality Assurance & Utilization Review Physicians  
Diplomate of the American Academy of Pain Management  
Certified by the American Academy of Disability Evaluating Physicians  
Fellow of the American Back Society

**REVIEW OUTCOME:**

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

Denial upheld.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

1. Sonogram of the testicle dated xx/xx/xx.
2. Beck Depression Inventory score & Beck Anxiety Inventory score dated 01/19/07.
3. Initial behavioral medicine consultation dated 01/19/07.
4. Preauthorization request for individual psychotherapy dated 02/09/07.
5. Letter of medical necessity dated 02/09/07.
6. Denial letter.
7. Reconsideration request for individual psychotherapy.
8. Second denial.

**PATIENT CLINICAL HISTORY (SUMMARY):**

According to the records provided for review, the employee was injured. This male apparently injured multiple body parts when he fell into a covered hole. The employee reported that he had bilateral knee pain, right testicle pain, and low back pain. However, the employee did not seek medical attention until and suggests this delay was based on the fact that his employer told him to wait.

The employee then sought care at a local emergency room where he was taken via ambulance. However, the employee was released on the same date.

The employee entered the office of a chiropractor, Dr., who returned him to work after an approximate three day delay. The employee still felt severe pain in an undisclosed leg, and it is also interesting to note that his past medical history is significant for an injury. The injury was reported as some type of work related injury which resulted in a “clack being installed in his leg”.

The employee underwent chiropractic treatment for some time, and on 01/19/07, the employee underwent initial behavioral medicine consultation. The licensed professional counselor performed this evaluation and noted anxiety levels which were considered mild according to the Beck Anxiety index. Additional findings included moderate depression according to the Beck Depression Inventory scale. With these findings, the psychological counselor recommended “the patient’s psychosocial problems may be effectively addressed in group therapy of the work hardening program”.

Records next indicate that the employee did apparently attend group therapy, as well as work hardening, but on 02/09/07, a new request for six psychotherapy sessions was being submitted. No additional new information was supplied except for the fact that a new letter of medical necessity was written now changing the previous recommendations from group psychotherapy to individual psychotherapy. However, there was no indication how the employee responded to group therapy and no additional psychological testing after the group therapy had been performed.

A denial letter was provided on 02/14/07 indicating that there was no apparent treatment plan or documented reason for this psychotherapy. In fact, the physician reviewer indicated that “psychological arousal” was a meaningless statement and was not a clinical problem that could be assessed and/or addressed through psychological treatment parameters. Additionally, the fact that the treatment goal was to have a result of experiencing muscle pain less was not indicated. This was empirically unsupported.

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A second request for six individual psychotherapy sessions was then submitted on 02/26/07, and again a denial letter was generated. The physician reviewer indicated at this point that the *ACOEM Guidelines* stress the need for diagnostic clarity as a cornerstone of effective treatment. The *ACOEM Guidelines* also stress the need to identify any non-medical obstacles that appear to be primary or secondary barriers to return to work. The evaluation provided during the behavioral consultation did not attempt to assess factors that may contribute to delayed recovery from the employee's injury. The citation was from *ACOEM Guidelines* dated 2004, Chapter 5. Additional citations were found in Chapter 6 as well.

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

Based on these records, it does not appear that individual psychotherapy is reasonable or medically necessary. The original behavioral medicine consultation performed on 01/19/07 was the only psychological evaluation provided in this documentation set. This original behavioral medicine consultation performed on 01/19/07 indicated that group therapy was appropriate for this employee. At this point, the records do indicate that the employee underwent group therapy during his work hardening sessions. There has been no new documentation of any type of repeat psychological evaluation to determine the efficacy of the aforementioned psychological therapy. Furthermore, the initial psychological evaluation did not assess appropriate parameters to determine the necessity of any individual psychotherapy as previously mentioned by the two peer reviews and/or preauthorization request reviews which resulted in a previous denial. The citations did include the *ACOEM Guidelines*, 2004, Chapter 5 and Chapter 6.

In summary, the records do not support the necessity of individual psychotherapy.

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

*ACOEM Guidelines*