

IRO REVIEWER REPORT - WC

DATE OF REVIEW: 3-17-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of 8 sessions of individual psychotherapy and 4 sessions of medication management.

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

Certified by the in Psychiatry.

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.

Injury Date	Claim #	Review Type	ICD-9 DSMV	HCPCS/NDC	Upheld Overturn
xx-xx-xx	xxxxxxx	Prospective	729.2	90806	Overturn
xx-xx-xx	xxxxxxx	Prospective	729.2	90862	Overturn

INFORMATION PROVIDED TO THE IRO FOR REVIEW

IRO NOTICE OF DECISION – WC

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Emergency Records of xx-xx-xx (including Fire Department Emergency Report Form) and 10-20-05
Two-paged Initial Evaluation dated 10-21-05
Radiology Final Reports: Left Foot, AP Pelvis, and CT Chest, Abdomen, Pelvis dated 10-21-05
Five-paged Initial Evaluation dated 10-24-05
Radiology Reports: Sacrum and Coccyx, and Bilateral Wrists dated 10-24-05
Radiology Report of Cervical Spine dated 10-25-05
Radiology Reports: 12-21-05 wrists complete right & MRI Cervical dated 11-16-05
Laboratory Report dated 11-8-05
EMG/nerve Conduction Studies Upper Extremities dated 12-7-05
Follow-up Examinations dated 10-31-06, 11-4-05, 11-7-05, 11-9-05, 11-14-05 (re-evaluation UE), 11-22-05, 12-6-05, 12-12-05, 12-28-05, 2-14-06, 3-14-06, 4-5-06, 5-4-06, 5-17-06, 6-2-06, 6-6-06, 7-3-06, 8-7-06
Daily Treatment Log dated xx-xx-xx, 10-26-05, 10-27-05, 10-28-05, 10-31-05, 11-2-05, 11-21-05, and 11-28-05
Physician letter dated 3-28-06 and 1-11-06
Consultation report dated 11-30-06
Physician Review dated 2-7-06 including Overview of Psychological Assessment Designated Doctor Evaluation Report dated 1-13-06 and 5-12-06
Physician Office Visit on 1-3-07
Two-paged Initial Examination dated 9-2-006
Functional Capacity Examination 5-23-06
New Consult Report dated 5-4-06
Required Medical Examination dated 5-2-06
Medical Record Review dated 3-11-06
Letter of Medical Necessity dated 11-28-05
TX Department of Insurance Docket Document signed 1-12-07
Physician Office visits dated 1-9-06 and 2-20-06
Consultation Reports dated 12-14-05 and 1-25-06
Procedure Note dated 1-16-06
Initial Evaluation (99205) dated 10-13-06 & Consultation (99205) dated 10-19-06
Subsequent Evaluation (99215) dated 12-21-06
Initial Evaluation (99205) dated 1-2-07
Physician Visits dated 10-26-06, 11-8-06, 11-15-06, 11-21-06, 11-29-06, 12-6-06, 12-12-06, 1-19-07, 1-30-07, 2-8-07
Behavioral Health Assessment dated 11-15-06
Reconsideration for Individual Therapy and Medication Management letter dated 1-24-07
Report of Medical Evaluation Form signed 1-13-06 and 5-12-06
Notice of Disputed Issues dated 12-2-05, 2-16-06, 4-14-06, and 5-18-06
TX Workers' Compensation Work Status Reports (from xx-xx-xx thru 2-14-07)
Pre-authorization Reports and Reconsideration Reports
Letter dated 3-12-07 with reconsideration review report of 1-31-07

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient who in the course of her work fell off a step stool striking her lower back on a desk. This occurred on xx-xx-xx. She was taken to the Emergency Department (ED) by ambulance and was examined, x-rays were taken and sent home. She returned to ED on 10-20-05 with a complaint of vaginal bleeding (she was 2 months post op for a hysterectomy). Another relevant factor was that she had sustained a back injury in a motor vehicle collision and was wearing a back brace at the time of her injury on xx-xx-xx.

Her treatment course was unusually complex. Initially she was treated with manipulation by a chiropractor and another physician on 10-05.

The first mention of psychiatric difficulty was in her 11-04-05-physician visit who noted depressed mood and a tendency to isolation. The physician thought the symptoms might be due to her recent hysterectomy and compounded by her fall. The physician noted that she refused an antidepressant trial. The patient continued chiropractic treatment and also received a C5, C6 epidural steroid injection without improvement in her condition.

On 2-7-06, she received a psychological evaluation. From the record, this is the only evaluation, which included psychosocial data. Particularly significant was patient's recollection that "growing up was kind of rough because mom was always sick". Patient was living with her daughter and three grandchildren – her husband left some time after her fall. The recommended treatment was psychotherapy and biofeedback.

On 2-30-06, a specialty consultant recommended a right wrist dorsal compartment release.

On 3-11-06, a physician specialist trained in pain management recommended a neurology consultation. On page 5, item 3, it is stated "there has not been even a trail of antidepressants.... nor is there clear medical evidence of a psychologic condition to justify psychologic evaluation or psychologic treatment.

An internist consultant on xx-xx-xx and noted that patient had been on 9 medications at various times including fluoxetine, an antidepressant and clonazepam, and antianxiety agent.

On 11-15-06, she had a behavioral health assessment with the following diagnoses: Major Depressive Disorder Recurrent with mood congruent psychotic features (note that no psychotic symptoms are described in the report) and Pain Disorder Associated with Both Psychological Factors and a General Medical Condition. Depression Index was elevated at xx and Anxiety Index was elevated at xx. The physician recommended 8 weekly sessions of cognitive behavioral therapy and biweekly medication management with specialist.

On 11-30-06, a specialty consultant recommended C6-7 epidural steroid injection. On 11-20-06, the physician specialist recommended surgery for the C6-7 disc. On 1-30-07, a spinal surgeon recommended surgical intervention.

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

A confluence of factors including childhood trauma, injury in a motor vehicle collision, a recent hysterectomy, her husband leaving her, the fall at work and her ongoing pain despite a variety of treatments have combined to produce this patient's depressed state.

There is no record of her receiving psychotherapy or of her receiving antidepressant medication at a full therapeutic dosage for at least a six-week trial period. Her diagnoses are: Major Depressive Disorder, Pain Disorder associated with Both Psychological Factors and a General Medical Condition. I would conclude that 8 sessions of individual psychotherapy and 4 sessions of medication management are medically necessary for this patient.

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 FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**