

DATE OF REVIEW: 05/15/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

One times eight weekly sessions of individual psychotherapy with one times eight weekly sessions of hypnotherapy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Licensed professional counselor (L.P.C.), licensed in Texas with ten years of clinical experience.

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)

The reviewer’s report deviated from the ODG because of significant differences in this case, as opposed to guidelines. Surgical intervention, a long amount of time off of work, large amounts of psychopharmacology recommendations and extensive psychological documentation contributed to the deviation from the guides, as well as the patient’s positive progress using the disputed treatment.

INFORMATION PROVIDED FOR REVIEW:

1. Patient profile
2. Preauthorization request
3. Initial behavioral medicine evaluation
4. Behavioral health re-evaluation
5. Beck Inventory test results
6. First request for service denial letter
7. Second request for service denial letter
8. Request for twice-denied preauthorization request
9. MD progress notes
10. MD progress notes
11. Pathology study, 10/16/06

12. Radiology study, 10/05/06
13. MRI study, 09/21/06

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The employee injured her left hand, left arm, left elbow and left shoulder while working as a laboratory technician. When her left forearm started hurting, she reported this to her supervisor. Later that day, she saw the company doctor where she received an evaluation. She was placed on off-work status and referred to a specialist.

Documentation shows that she saw a total of four doctors. She was given pain medication, participated in physical therapy, received an EMG/NCV study, MRI scan, and had surgery. Post surgery, she completed physical therapy and started individual psychotherapy on 01/02/07 and completed four sessions. She was prescribed several medications, and latest documentation shows that she is taking Celebrex 200 mg twice daily, Lyrica 15 mg three daily. Her insurance carrier has denied Zoloft, which was prescribed her by doctor.

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

Since the injured employee suffered an injury, she has been in constant pain and has been unable to return to her work. The initial behavioral medicine evaluation states her current level of functioning is 50%. Her injury has created drastic lifestyle changes, making it difficult to perform activities of daily living (i.e. self-grooming, household chores, cooking). It has limited her bending and walking to ten minutes and driving to only fifteen minutes. It is important to note that she is a single mom with four children to support.

When an individual's work capacity is limited or results in change, it causes low self-esteem. Not being able to work in the capacity she had before takes a toll on her self-worth. Individuals experiencing chronic pain become "pain weary", to the point of getting depressed. Pain is tiresome, zaps your energy, and gets old; it becomes a burden. In my personal experiences of working at three psychiatric hospitals, I have seen many individuals experiencing physical pain and the emotional pain of life-altering changes who have become suicidal and were admitted for treatment.

Pain affects the whole person and mind, body and spirit. Of major concern is how this accident has affected the injured employee psychologically. The evaluation describes her as isolating, restricting participation in family and social activities, feeling lonely, ignored, misunderstood, feeling angry with herself, feeling useless, helpless, and increased sensitivity to criticism.

She has been diagnosed with major depression disorder, single episode, and also having had suicidal ideation with plan. She has depressed mood, anhedonia, insomnia, psychomotor agitation, fatigue, feelings of worthlessness and diminished ability to think/concentrate. Her negative emotions include feelings of uselessness with thoughts of being a burden. She is losing self-confidence in herself and that she has no control over her life. All of the above can interfere with her recovery process.

The behavioral health re-evaluation dated 03/02/07 clearly shows that the injured employee made significant improvement after four sessions with the therapist. It would be detrimental to the injured employee to cease psychotherapy now.

This reviewer agrees that more sessions of individual psychotherapy are needed to give the injured employee adequate chance to continue to respond this path of therapy. Because the injured employee lacks the appropriate skills in managing emotional stressors related to this injury, this reviewer has determined that the goals outlined in the L.P.C.'s initial evaluation and again listed on the re-evaluation on 03/02/07 could be accomplished. The goals listed would implement cognitive behaviorally based methods to reduce symptoms of anxiety and depression, provide stress management skills, relaxation techniques, and teach skills to manage life with pain. The injured employee would learn cognitive restructuring and combat negative anxious thoughts, thus engendering hope as she faces the future and also boost her self-identity and self-worth.

Research by Margaret Caudill, et al, (1991) speaks of the highly subjective nature of pain, which is influenced by biological, psychological, and sociological factors and states that the most effective pain management consists of multidisciplinary diagnostic and treatment approach (Turk, B. C. and Flor, H., 187) . She addresses the four components of the pain experience: somatic, affective, behavioral, and cognitive. Her systematic study demonstrated positive results when dealing with the bio-psychosocial needs of the patient.

Clinical research to date gives evidence for the effectiveness of hypnosis as an empirically supported clinical intervention, which can also be quite cost-effective (Steven Jay Linn, et al, 2000). Also recent meta-analysis have shown that any hypnosis enhances the effectiveness of cognitive behavioral psychotherapy (Milling, Levine, 2003).

Texas Labor Code (408.021) states that an employee who sustains an injury is entitled to **all** healthcare reasonably required by the nature of the injury as needed. The Pain Management advocates for pain management to be **multidisciplinary** in approach. Complimentary medicine modalities in conjunction with the medical model can

effectively enhance the healing process. This reviewer has concluded that the injured employee be pre-certified by the insurance company for individual psychotherapy once weekly for eight weeks, and hypnotherapy once weekly for eight weeks.

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

(Check any of the following that were used in the course of your review.)

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 national accepted medical literature (provide a description).

Other evidence-based, scientifically valid, outcome-focused guidelines:
Caudill, M., Schnable, R., Zuttermeister, P., Benson, H., Friedman, R., Decreased clinic utilization by chronic pain patients after behavioral medicine intervention. Pain. 45 (1991), 334-335.

Turk, D. C. and Flor, H., Pain behaviors: the ability and limitations of pain behavior construct. Pain 31 (1987) 277-295.

Milling, L. S., Levine, M. R., Hypnotic enhancement of cognitive-behavioral interventions for pain. Health Psychology. (2003) July 22 (4) 406-13.