

**DATE OF REVIEW:**

05/01/2007

**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Pre-authorization for individual psychotherapy for four sessions (CPT 90806).

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

Board Certified Professional Psychologist, American Boarded Professional Neuropsychologist.

**REVIEW OUTCOME**

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

Overturned (Disagree)

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.

Approve four (4) sessions of psychotherapy

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Case Report dated 04/13/07
- Referral dated 04/13/07
- DWC: Notice to of Case Assignment dated 04/13/07
- DWC: Confirmation of Receipt of a Request For a Review dated 04/11/07
- DWC: Request For a Review By An Independent Review Organization dated 03/08/07
- Letters dated 03/05/07, 02/16/07
- Request for Reconsideration for Individual Therapy dated 02/26/07
- Behavioral Assessment dated 02/08/07
- Referral dated 12/13/06

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual was injured when working. She slipped on a marble floor exiting from an elevator. She has since undergone multiple medically invasive and non-invasive painful procedures such as manipulation under anesthesia (MUA), electromyograms (EMGs), and MRIs, to try and diagnose her condition or reduce her pain and ameliorate her condition. She completed a failed surgery. By definition (IASP, 1986) she has developed chronic pain with accompanying psychosocial distress, confirmed by psychological testing.

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

Persistent pain, which is refractory to medical intervention, requires a biopsychosocial approach for remediation. The medical literature suggests that biopsychosocial intervention is medically appropriate and necessary in such cases. Such treatment should address several general issues:

1. The first deals with the underlying musculoskeletal problem that occurs after the injury. The treating therapists can use appropriate modalities to help the injured individual understand how they are increasing pain and anxiety-related behavior or factors that contribute to the experience of high levels of pain and/or anxiety.
2. The second deals with training the individual to increase awareness of the body and how to change behavior associated with chronic pain and other related issues such as anxiety and depression. The biological, psychological and social context of their problems and how they apply to pain levels are addressed.
3. The third deals with addressing conditions such as anxiety and depression that are secondary but result from the original injury.

The provided documentation was sufficient in supporting that after an appropriate and comprehensive psychological evaluation, the attending physician appropriately identified the need for such treatment (psychotherapy), and requested approval of four psychotherapy sessions. Comprehensive psychological testing and the injured individual's medical condition (e.g., daily utilization of opioid medication for pain relief) both establish the need for such care. She has completed multiple painful medical interventions including surgery without being successfully being restored to normal physical functioning and now suffers from chronic pain. Published guidelines suggest that such a request for psychological intervention was medically reasonable and such treatment would be medically necessary.

In this case, optimal adjustment has not been achieved. Official Disability Guidelines suggest that normally it takes at least four to six psychotherapy sessions to achieve initial results and may require ten to twelve additional sessions to acquire full skill acquisition and/or symptom remission. The need for treatment beyond six sessions must be documented with respect to need, expectation and ability to facilitate additional positive symptomatic or functional gains.

The Guidelines regarding multidisciplinary chronic pain management, (page 115-115 in Chapter 6) states "Research suggests that multidisciplinary care is beneficial for most persons with chronic pain, and likely should be considered the treatment of choice for persons who are at risk for, or who have, chronic pain and disability. Multidisciplinary treatment was found to be superior to conventional physical therapy alone, had benefits that persisted over time and was beneficial in improving return to work and decreasing use of healthcare."

Therefore based on the submitted documentation and current medical guidelines, the request for four (4) sessions of psychotherapy is medically necessary.

**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**

## **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

### **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

#### **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

*Handbook of Pain Syndromes*. Mahwah, NJ: Lawrence Erlbaum Publishers, 1999-pages 77-97.

American College of Occupational and Environmental Medicine. *Occupational Medicine Practice Guidelines: Evaluation and Management of Common Health Problems and Functional Recovery in Workers*. Massachusetts: OEM Press, 2<sup>nd</sup> Edition, 2003.

Nielson, W.R. & Weir, R. (2001). "Biopsychosocial approaches to the treatment of chronic pain." *Clinical Journal of Pain*, 17(4 Suppl), S114-S127.

Roberts, A. H., R. A. Sternbach, et al. (1993). "Behavioral management of chronic pain and excess disability: long-term follow-up of an outpatient program." *Clin J Pain* 9(1): 41-8.

Flor, H., D. J. Behle, et al. (1993). "Assessment of pain-related cognitions in chronic pain patients." *Behav Res Ther* 31(1): 63-73.

Maloney, K et al. An overview of outcomes research and measurement. *J Health Care Quarterly*, 1999; Nov-Dec; 21(6):4-9.

Lambert MJ, editor. *Bergin and Garfield's handbook of psychotherapy and behavior change*. 5<sup>th</sup> ed. John Wiley and Sons, New York. 2004

Gatchel, Robert J., *Clinical Essentials of Pain Management*, 2005, American Psychological Association.

Turk, D.C. & Gatchel, R.J. (Eds.). *Psychological Approaches to Pain Management: A Practitioner's Handbook, Second Edition*. New York: Guilford Press, 2002.