

DATE OF REVIEW:

05/22/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Four sessions of Individual Counseling.

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

Board Certified.

REVIEW OUTCOME

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

Overtuned (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.

Four sessions of Individual Counseling is medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC Referral Date Referred: 05/07/2007
- Fax from Texas Department of Insurance dated 05/04/2007
- Fax from dated 05/08/2007
- Letter from, MD dated 01/04/2007 (a supplement to his report dated 11/13/2006)
- Letter from, MD dated 11/13/2006 regarding medical evaluation
- Treatment Update dated 02/20/2007
- Memo from dated 03/07/2007
- Preauthorization Advisor Review Form dated 03/27/2007
- Letter from, LPC @ Healthcare dated 03/23/2007: Request for Appeal
- Preauthorization Review Summary from. to Healthcare dated 03/08/07, 04/02/07
- Letter from dated 05/04/2007 – Notice to utilization Review Agent of Assignment
- of Independent Review Organization
- Fax dated 03/23/2007 to. from– Medical Review of Texas
- Note from Center – Findings dated xx/xx/xx
- Radiology Report – Center dated 08/18/00
- Letter dated 04/10/2001 from Center, MD – examination results
- Note 07/11/01 – MRI findings
- Comprehensive Initial Evaluation – Evaluation date 07/14/06
- Center– Follow up visit dated 07/28/06, 09/08/06, 11/02/06
- Outpatient Center– Operative Report dated 09/18/06
- Healthcare – EVALUATION – date of evaluation 12/06/06

- Healthcare note Claims -Pre-certification Department dated 12/14/2006
- Range of Motion Exam dated 12/18/06
- Healthcare – Preauthorization Review Summary dated 12/27/06
- Note from Services – Notification of Disputed issue dated 01/05/07
- Letter dated 01/05/2007 from Healthcare to – Request for an Appeal
- Preauthorization Advisor Review Form dated 01/15/2007
- Fax from Center– Medical Records for dated 05/08/07
- Center– Follow Up Visit DOV 02/14/07, 12/22/06, 11/02/06, 09/08/06, 07/28/06
- Center– Broken Appointment note dated 10/19/06
- Center– Progress Notes dated 07/17/06
- Healthcare – Patient Referral and Intake Form dated 02/14/07, 11/02/06
- Report of Medical Necessity dated 12/22/06
- Texas Workers' Compensation Work Status Report dated 07/14/06
- MRI Findings – dated 11/22/06, 07/11/01
- Center dated 08/18/00 – Radiology Report
- Center dated 07/14/99- examination findings
- Letter from Center P.A., TO Dr. dated 04/10/01
- Study Report-Lower Extremity dated 04/19/2000
- Comprehensive Initial Evaluation dated 07/14/06
- Center– Initial Consultation 05/12/00
- Center– Operative Report 01/15/07, 11/27/06, 11/13/06,09/18/06, 08/08/06
- Letter from, MD dated 02/28/07
- Letter from @ dated 01/04/07, 11/13/06
- Notification of Disputed Issue from Dated 01/05/07
- Physical Therapy Progress Note dated 12/15/06

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual sustained a work injury on xx/xx/xx, while performing his duties. He bent forward to lift something, and felt a burning sensation in his low back. He has since undergone multiple medically invasive and non-invasive procedures such as pain injections, electromyograms (EMGs), MRIs, and multiple conservative treatments to try and diagnose his condition or reduce his pain and ameliorate his suffering. A previous Independent Medical Exam (IME) has conclusively established the presence of an organic pain generator responsible for his chronic spinal pain at L4/5. By definition (IASP, 1986) he has developed chronic pain with accompanying psychosocial distress, confirmed by psychological testing. A Functional Capacity Exam (FCE) demonstrated reduced physical capacity to perform work-activities normally.

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

Literature reviews and clinical experience suggest that both medical and biopsychosocial intervention for pain treatment is appropriate. This treatment should address several general issues (see references below):

1. The first deals with the underlying musculoskeletal problem that occurs after the injury. The program 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.

Review of the provided documentation adequately substantiates that extensive medical treatment has been provided to this injured individual and has failed to ameliorate his pain. He has a documented L4-5 right paracentral disc herniation according to an independent medical review by, MD. Dr. notes "this would explain his ongoing pain". Dr. also notes he is a possible surgical candidate. Based on the IME, the injured individual has an organic pain generator.

While he has had the benefit of extensive previous medical and physical care for his pain, records document no previous biopsychosocial care, although this care has been requested.

Economic analysis suggests that such treatment is financially effective in lowering the medical and rehabilitation costs associated with treating such patients (Okifuji, AA, Turk, DC, Kalauokalani, D, D., 1999). Published guidelines also suggest such treatment is effective and necessary to assist the injured individual with complicated problems including anxiety and/or depression (ACOEM Guidelines).

ODG Guidelines regarding psychotherapy indicates, "...ODG Psychotherapy Guidelines: Initial trial of 6 visits over 6 weeks; With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)..." The requested four (4) psychotherapy sessions are medically necessary to help the injured individual in a back to work program.

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:**

Occupational Medicine Practice Guidelines: Evaluation and Management of Common Health Problems and Functional Recovery in Workers. Massachusetts: OEM Press, 2nd Edition, 2003.

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION):**

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.

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOMEFOCUSED GUIDELINES (PROVIDE A DESCRIPTION):

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

Lambert MJ, editor. *Bergin and Garfield's handbook of psychotherapy and behavior change.* 5th 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.