REVIEWER'S REPORT

DATE OF REVIEW: 10/1/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Six (6) sessions of individual psychotherapy.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Licensed Master Social Worker, Licensed in TX; Five years experience in the psychiatric hospital setting (adult acute care, psychiatric intensive care, chemical dependency, and children & adolescent, individual, family and group therapy.

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

Upheld (Agree)

X Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

I am of the opinion that the six individual psychotherapy sessions in dispute are medically necessary in this case.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. TDI case assignment
2. Letters of denial and criteria used in the denial, URA notes, and the request for medical dispute resolution
3. Electromyography and nerve conduction velocity studies (5/1/07)
4. History and Physical exam (5/14/07)
5. Functional capacity evaluation (6/28/07)
6. Work hardening assessment psychosocial history (7/16/07)
7. Designated doctor exam (7/18/07)
8. Injury specialist (chiropractic) initial consultation (8/8/07)

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9. Pain management initial interview (8/21/07)
10. Radiology reports (xx/xx/xx and 4/26/07)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a male who sustained a work-related injury on xx/xx/xx that resulted in pain in his chest and shoulders. The pain worsened, and he was released to go home for the rest of the day. The injured employee was treated the following day by the company doctor. He returned to work after three days following the injury after chiropractic care.

He sought medical treatment at the end of March, 07, and was taken off work at that time. He has received treatment including x-rays, MRI's, physical therapy, TENS unit, chiropractic care, and medications, but none of these were totally effective in lowering the patient's pain. The patient was referred for a work hardening assessment. A psychosocial evaluation on 7/16/07, indicated he was an appropriate candidate for the program. He was also referred for evaluation of maximum medical improvement, his impairment rating, ability of patient to return to work, the extent of his compensable injury, and whether the disability was a direct result of the work related injury. The physician's findings stated "correlates the occupational injury to the onset of his symptoms, which have continued to cause functional limitations." He was treated with the following meds: Vicodin, Soma, Naprosyn.

The injured employee's diagnosis on 7/18/07, was:

1. Cervical spine strain and sprain 847.0
2. Thoracic spine strain and sprain 847.1
3. Left shoulder internal derangement 718.91

The injured employee reports no prior mental health treatment. He denies use of cigarettes, alcohol, or drugs (other that 2-3 drinks per month). He has history of pre-existing pathology on cervical and left shoulder MRI's, but was "totally asymptomatic prior to this injury."

He reports continued pain, described as constant, nagging, and pulling in the left side of the neck, left shoulder, and left arm above the elbow, numbness and tingling in the finger of the left hand. Guarding of the left shoulder movement was noted. In a functional capacity evaluation, it was noted that the injured employee "did not exhibit symptoms/disability exaggeration behavior."

In the mental health evaluation, conducted on 8/21/07, the injured employee's DSM-IV diagnosis included:

Axis I	309.28 Adjustment Disorder with Mixed Anxiety and Depressed Mood
Axis II	Deferred
Axis III	718.91 723.4 724.5
Axis IV	Pain, family stressors, inadequate finances, multiple social losses And hardships, inadequate social support
Axis V	GAF = 60

The mental health evaluation conducted on 8/21/07, indicates that the patient is exhibiting symptoms such as difficulty managing his pain, appetite decrease, feelings of sadness, insomnia, energy decrease, frustration, becomes more emotional more easily, motivation decrease, discouragement about the future, fear of re-injury, diminished social life and level of involvement with friends and family, and overall difficulty coping with current situation. He scored a 25 on the Beck Depression Inventory, indicating moderate to severe depression. The psychotherapy is being requested to address high stress levels and depressive symptoms **to help patient increase management of his chronic pain.** Cognitive reframing, and teaching alternate strategies for coping, such as relaxation techniques, and education regarding realistic goals, are part of his treatment goals. This reviewer agrees with the basis and goals of treatment which are **defined in an individualized and robust treatment plan in the evaluation report.**

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

A previous reviewer, who denied services, (9/4/07) states that "no clear credible objective evidence was submitted that warrants or supports the necessity for individual psychotherapy sessions." He refers to ODG-TWC Pain Procedure Summary as evidence citation for individual therapy which he used as the basis of his denial; however, this appears contradictory to the documentation of the facts of the case.

This reviewer finds that the evaluations do provide evidence that the patient sustained a work related injury, that he continues to experience physical pain, de-conditioning of his left arm/shoulder, headaches, and that his levels of pain are contributing to mood disturbances such as depression and anxiety, and are otherwise interfering in his daily activities.

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When someone suffers an injury and loses some functioning, and experiences impairment in performing their daily activities, it is very common for depression and anxiety to develop. The individuals' very identity is in question for them because their life circumstances have been dramatically changed. Their future is in question. Their body experiences physical pain, and physical, mental and emotional health can, and often, spirals downward. If this downward cycle can be interrupted through cognitive behavioral therapy in addition to other treatments, the patient is more likely to improve and become productive again. In the documentation reports, the patient in this case appears to want to return to work.

As the treating doctor states in his request for reconsideration of services, ODG cognitive behavioral therapy guidelines state to "consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone: initial trial of 3 psychotherapy visits over 3 weeks with evidence of objective functional improvement, total of up to 5-6 visits over 5-6 weeks (individual sessions)." The treating doctor also cites some of the accepted literature/research from ODG cognitive behavioral therapy guidelines which this reviewer would also refer to (see Request for Medical Dispute Resolution):

"Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psychotherapy). (Paykel, 1998) (Bockting. 2006) (DeRubeis, 1999) (Goldapple, 2004) It also fared well in a meta-analysis comparing 78 clinical trials from 1977-1996. (Gloaguen, 1998). In another study,k it was found that combined therapy (antidepressant plus psychotherapy) was found to be more effective that psychotherapy alone. (Thase, 1997). The gold standard for the evidence-based treatment of MDD is a combination of medication (antidepressants) and psychotherapy. The primary forms of psychotherapy that have been most studied through research are: Cognitive Behavioral Therapy and Interpersonal Therapy. (Warren, 2005).

Additional reference literature/research finds "systematic reviews have found that cognitive behavior therapy, using a combination of interventions such as exposure, relaxation, and cognitive restructuring, improves anxiety and depression more over 4-12 weeks than remaining on a waiting list (no treatment), anxiety management training alone, relaxation training alone, or non-directive psychotherapy. One systematic review found limited evidence, by making indirect comparisons of treatments across different RCTs, that more people given individual cognitive therapy maintained recovery after 6

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months than those given non-directive treatment, group cognitive, group behavior therapy, individual behavioral therapy, or analytical psychotherapy." (Jones, G., et al. Clinical Evidence Concise, (2002) p. 192. "What are effect treatments?")

The American Academy of Pain Management advocates for pain management to be multidisciplinary in approach. It is well known that the most effective chronic pain management consists of a multidisciplinary diagnostic and treatment approach (Follickl, M. J., et al, Chronic pain programs: current aims, strategies, and needs. Ann. Behav. Med., 7(1985) 17-20). It is commendable that this patient appears to have a multidiscipline treatment team consisting of professionals who are communicating among each other, and are willing to use coordinated treatment approaches as early in the course of treatment as allowable.

This reviewer concludes that the outlined treatment goals are in compliance with the Texas Labor Code (408.021), which states that an employee who sustains an injury is entitled to all health care reasonably required by the nature of the injury as needed.

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

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

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

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X 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

X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (SEE BODY OF REPORT FOR SOURCES)

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