DATE OF REVIEW: October 17, 2007

IRO Case #:

Description of the services in dispute:
Preauthorization request for #90806, individual psychotherapy.

A description of the qualifications for each physician or other health care provider who reviewed the decision
The Psychologist who performed this review is licensed in Psychology by the state of Texas. This reviewer is a Diplomate of the American College of Forensic Examiners. They also hold a master certification in Neuro Linguistic Programming. The reviewer provides services for both adult and pediatric patients within their practice. The reviewer has been in active practice since 1976.

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

Upheld

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.

Information provided to the IRO for review
Records Received From the State:
Notice to Medical Review Institute of America, INC, of case assignment, 9/27/07, 1 page
Confirmation of receipt of a request for a review by an independent review organization, 9/26/07, 5 pages
Request for a review by an independent review organization, 9/24/07, 3 pages
Denial letter, 7/10/07, 3 pages
IRO request form, 9/26/07, 1 page

Records Received:

Denial letter, 9/7/07, 3 pages
Claim notes, 8/13/07-9/6/07, 4 pages
Preauthorization request, 7/3/07, 1 page
Initial diagnostic screening, 6/25/07, 9 pages
Chart note, 10/5/06, 2 pages
Progress notes 6/23/06 and 7/24/06, 4 pages
Initial report, 3/30/06, 2 pages
Patient note, 6/27/06, 1 page
Consult/history and physical, 4/26/06, 2 pages
Nerve conduction and electromyography study, 4/12/06, 1 page
Electromyography findings, 4/12/06, 1 page
Reevaluation report, 3/1/06, 2 pages
Patient note, 2/27/06, 3 pages
Prescription: comprehensive pain management evaluation/treatment request, 4/12/07, 6 pages
Peer review, 4/17/07, 6 pages

Records From Health:
Initial diagnostic screening, 6/25/07, 7 pages
Response to denial letter with new medical records, 8/28/07,4 pages

Patient clinical history [summary]
The patient is a female who sustained an injury to the low back when she was bending and lifting boxes during a move at work. She was seen initially at the emergency room and provided medications and an injection. She was also advised to remain off work. Treatment to date has also consisted of medication management, physical therapy (active and passive modalities), a TENS (transcutaneous nerve stimulation) unit, chiropractic manipulation and a single epidural injection. MRI (magnetic resonance imaging) of the lumbar spine revealed disc bulge at L4-5 with protrusion contacting the L5 nerve root bilaterally with narrowing of the lateral recesses at L5-S1. Electro diagnostic studies revealed a positive radiculopathy at L5-S1. The patient is noted to have undergone designated doctor evaluation with Dr. in 4/06 and was determined to not be at MMI (maximum medical improvement). In 7/06 she was seen for an IME (independent medical examination) and was noted to be at MMI by Dr. Subsequently, however, in 10/06 Dr. evaluated the patient again and continued to state the patient was not in fact at MMI.

On 5/15/07 the patient was seen for an initial diagnostic psychological screening due to mood and sleep disturbances, psychological stressors and continued physical limitations. At this time her medications included Norco, Lidoderm patches, Flexeril, Cymbalta and other non-injury related medications. At this time the patient reported she had difficulty understanding her condition and states she felt her problems and disability was permanent. Upon evaluation she reported

headaches, difficulty paying and maintaining attention, and loss of memory. She was not working, but indicated her position was being held for her. Beck depression and anxiety inventories were completed; scores were 29 and 25 respectively. Symptoms included sadness, crying spells, loss of sleep, nervousness, weakness and fear. She also reported she was frustrated and overwhelmed. As a result of these findings she was recommended for a trial of individual psychotherapy. The diagnosis was provided as major depressive disorder, recurrent and severe without psychotic features. Treatment goals were to improve sleep, decreased depression and anxiety and to implement cognitive behavioral techniques and relaxation training.

An initial request was made for individual psychotherapy. This was denied on 7/10/07 by Dr. PhD. He opined the psychological evaluation was not adequate, and stated there was no reasoning why the patient missed treatment that had been approved. Subsequently on 9/6/07 Dr. reviewed and denied for the same reasons. As a result of these denials a request for IRO has been placed.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

Based on the findings on psychological evaluation, to include moderate depression and anxiety, and also noting the patient's symptoms were impacting the course of treatment and her ability to improve with treatment, IPT (individual psychotherapy) might have been medically necessary for this patient after a more thorough evaluation and possible completion of psychological testing to rule out malingering and possible histrionic presentation. There is some question as to why the patient was not actively participating in approved therapy; this however could be a direct result of the depression. Based on the information provided, IPT was not medically necessary, as there had not been appropriate psychological testing completed.

A description and the source of the screening criteria or other clinical basis used to make the decision:

The Official Disability Guidelines, Return To Work Guidelines (2007 Official Disability Guidelines, 12th edition), Integrated with Treatment Guidelines (ODG Treatment in Workers' Comp, 5th edition), Accessed Online.

Pampallona S, Bollini P, Tibaldi G, Kupelnick B, Munizza C. Combined pharmacotherapy and psychological treatment for depression: a systematic review. Arch Gen Psychiatry. 2004 Jul;61(7): 714-9.