



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

DATE OF REVIEW: 10/29/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual psychotherapy once a week for six weeks

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

Board Certified in Psychiatry
Board Certified in Neurology in Psychiatry
Board Certified in Addiction and Forensic Psychiatry
Board Certified in Pain Medicine

REVIEW OUTCOME

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

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

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.

Individual psychotherapy once a week for six weeks - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An Employer's First Report of Injury or Illness form dated xx/xx/xx
An evaluation with -, D.O. dated xx/xx/xx and 06/18/07
A therapy activity status report from, P.T. dated 06/15/07
A physician activity status report from, M.D. dated 06/18/07
An MRI of the left knee interpreted by, M.D. dated 07/02/07
An evaluation with, M.D. dated 07/12/07
Evaluations with, D.C. dated 08/02/07 and 08/15/07
An evaluation with, D.O. dated 08/13/07
An initial behavioral medicine consultation with, M.A., L.P.C. dated 08/31/07
A request note from, Ph.D. dated 09/07/07
A letter of non-certification, according to the ODG, from, Ph.D. dated 09/12/07
A reconsideration request from Ms. dated 09/21/07
A letter of non-certification, according to the ODG, from, Ph.D. dated 09/26/07
An impairment rating evaluation with, D.C. dated 09/28/07
ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

The Employer's First Report of Injury or Illness stated the claimant slipped and fell on the floor on xx/xx/xx and injured both knees, right toe, and chest. On 06/13/07, Dr. returned the claimant to work with restrictions through 07/27/07. Physical therapy was performed with Ms. on 06/15/07, but no specific treatment was listed. On 06/18/07, Dr. released the claimant to regular work duty. An MRI of the left knee interpreted by Dr. on 07/02/07 revealed a small area of marrow edema in the medial patella, a small Baker's cyst, and mild nonspecific subcutaneous edema. On 08/13/07, Dr. recommended Lodine and a possible knee injection. On 08/15/07, Dr. recommended individual counseling. On 08/31/07, Ms. recommended six sessions of individual psychotherapy. Dr. wrote a letter of non-certification for the individual therapy on 09/12/07. On 09/21/07, Ms. wrote a reconsideration request for individual psychotherapy. Dr. wrote a letter of non-certification for individual psychotherapy on 09/26/07. On 09/28/07, Dr. placed the claimant at Maximum Medical Improvement (MMI) with a 0% whole person impairment rating.

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

The claimant has a date of injury of xx/xx/xx. She reportedly injured herself when she slipped and fell on a wet floor, landing on her hands and knees. She has undergone an MRI scan and nine physical therapy visits. She was having continued pain complaints rated at 3/10. A Behavioral Medicine Evaluation dated 08/31/07 requesting six sessions of individual therapy was made. Her diagnoses

at that time were 309.24, adjustment disorder with anxiety secondary to the work injury, and depressive disorder NOS secondary to the work injury; no diagnosis; 844.9, sprain/strain of unspecified site of knee and leg; and current GAF 60 and pre-injury GAF of 80. One of the previous reviewers noted that her scores on the Beck Depression Inventory and Beck Anxiety Inventory were both 0, indicating no depressive or anxious symptoms. Her medications were Etodolac, Metformin, and Verapamil. The employee has had nine physical therapy sessions. The previous reviewer noted that he spoke to Dr. who indicated that since the evaluation, the employee was returned to work at full duty, but she still recommended individual psychotherapy.

In my opinion, the requested individual psychotherapy once a week for six weeks is not reasonable and necessary as related to the original injury. The employee has returned to work. There is no evidence that the depressive and anxious symptoms are substantially interfering with her ability to return to her former occupation. The ODG web based guidelines as noted by the previous reviewer identify cognitive behavioral therapy for depression that is recommended based on meta-analysis that compares its use with pharmaceuticals and that cognitive behavioral therapy fared as well as anti-depressant medication with severely depressed outpatients in four major comparisons. The records reviewed for this individual do not find sufficient objective evidence to support severity of depression or anxiety to warrant the requested individual psychotherapy.

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 AND KNOWLEDGE BASE
- 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)