



# Lumetra

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One Sansome Street, Suite 600  
San Francisco, CA 94104-4448

415.677.2000 Phone  
415.677.2195 Fax  
www.lumetra.com

**DATE OF REVIEW:** 10-06-07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Individual Psychotherapy 1 x 6 Weeks

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

Certified by The American Board of Psychiatry

**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)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS, CPT, NDC Codes	Service Units	Upheld/Overturn
		Prospective	354.0 718.93	90806	6	Upheld

**Notice of Independent Review Decision**  
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**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Notice of Determination dated 08-10-07 & 09-07-07  
Teleconference report dated 08-10-7 & 09-06-07  
Reconsideration: Request for Behavioral Health Treatment dated 08-31-07  
Request for Behavioral Health Treatment dated 07-30-07  
Workers Compensation Demographic Sheet (no date)  
Physician Referral to evaluate & treat dated 06-08-07  
Follow up visit dated 05-21-07  
Initial Behavioral Medicine Evaluation & Addendum dated 03-01-07  
ODG, Web Version, Carpal Tunnel Syndrome: Depression (comorbidity)  
ODG Guidelines' Mental /Stress Chapter: Cognitive therapy for depression (IRO Requestor)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant sustained left wrist injury and subsequently a left carpal tunnel release surgery was performed on 05-01-07. Post-operatively received physical therapy x 8 sessions and completed 20 sessions of work conditioning program as of 9-2007. Apparently the claimant has emotional symptomatology that needed to be addressed prior to return to work. The request for individual psychotherapy 1 x 6 sessions was denied as not medically necessary.

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

Review of the initial behavioral Medicine Evaluation on 03-01-07 showed no significant abnormalities on mental examination with Beck Depression Inventory-II (BDI-II) and Beck Anxiety Inventory (BAI) indicating only minimal depression and mild anxiety. Target symptom review revealed some distress associated with his injury, but when reassessed on 07-17-07, there was a reduction in all of these target symptoms as well as significant reduction of BAI and still minimal depression on BDI-II. The claimant had completed 20 sessions of work conditioning. The Reviewer noted that although cognitive therapy for major depression is supported by ODG Guidelines, there is no indication that individual psychotherapy was medically necessary in this case.

**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
- 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)