

DATE OF REVIEW: 10/15/2007
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. 90806 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient: 1x 6 weeks

QUALIFICATIONS OF THE REVIEWER:

This physician attended Rajshahi Medical College in Bangladesh, where he also participated in a rotating internship at the Rajshahi Medical College Hospital. He received a diploma in pediatrics in 1988 at the National University of Ireland. From 1993 to 1996, he completed a residency in general psychiatry at Brookdale University Hospital. At State University of New York, he completed a fellowship in child and adolescent psychiatry in 1998. Since graduation, he has worked internationally, and provided psychiatric services in hospitals and treatment centers.

REVIEW OUTCOME:

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

1. 90806 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient: 1 x 6 weeks Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Medical reviews of case assignment note dated 09/28/2007
 2. Review organization dated 09/27/2007
 3. Clinical note dated 09/27/2007
 4. Clinical note dated 09/28/2007
 5. Request form dated 09/21/2007
 6. Notice of utilization review dated 08/29/2007
 7. Clinical note dated 08/29/2007
 8. Notice of utilization review dated 09/21/2007
 9. Clinical note dated 09/21/2007
 10. Clinical note dated 10/02/2007
 11. Clinical note dated 10/02/2007
 12. Notice of assignment dated 09/28/2007
 13. Clinical note dated 09/21/2007
 14. Request form dated 09/21/2007
 15. Clinical note dated 08/23/2007
 16. Pre authorization request dated 08/23/2007
 17. Transaction report dated 08/23/2007
 18. Letter of agreement dated 08/23/2007
 19. Notice of utilization review dated 08/29/2007
 20. Clinical note dated 09/14/2007
 21. Pre authorization request dated 09/14/2007
 22. Pre authorization request by MS dated 09/14/2007
 23. Reconsideration request by MD dated 09/14/2007
 24. Appeal procedure note dated 10/02/2007
 25. Notice of utilization review dated 09/21/2007
 26. Patient face sheet dated 08/23/2007
 27. Clinical note dated 08/23/2007
 28. Medicine re evaluation note dated 08/16/2007
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29. Follow up note by DO dated 07/25/2007
30. Follow up note by DO dated 06/13/2007
31. Follow up note by DO dated 05/16/2007
32. Follow up note by DO dated 04/18/2007
33. Follow up note by DO dated 08/16/2007
34. Follow up note by DO dated 09/11/2007
35. Official Disability Guidelines

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a xx year old female who was assessed with having multiple lumbar herniated discs, bilateral lumbar radiculopathy/neuropathy status post 3 spinal surgeries, intractable pain, left rotator cuff tear, adhesive capsulitis of the left shoulder, deltoid atrophy of the left shoulder secondary to disuse, and major depression on 08/16/2007. Documentation from an evaluation done on 08/16/2007 reported that the injured employee stated she suffered a work-related injury to her lumbar spine on xx/xx/xx. An MRI of the cervical spine was performed on 06/14/2002 that showed mild diffuse spondylosis, mild uncovertebral and facet joint degenerative joint disease, and straightening of the mid and upper cervical lordosis. X-rays done on her cervical spine also indicated mild multilevel degenerative disc disease and some reversal of the normal cervical lordotic curvature. On 03/17/2003, the injured employee had a spinal sonography done; on the same day, she was also given an EMG nerve conduction study that suggested mild radiculopathy in several locations. An MRI of her left shoulder was done on 09/15/2003 that revealed a small focal bursal surface partial thickness tear and a small amount of fluid in the subacromial subdeltoid bursa. A decompression acromioplasty and repair of rotator cuff tear with insertion of hardware was done on 10/09/2003. The injured employee underwent a laminectomy on 12/18/2004. She received psychological testing on 03/15/2005, which recommended individual psychotherapy and biofeedback therapy. On 08/01/2005, the injured employee underwent laminectomy and posterior lumbar antibody fusion with insertion of hardware; she developed a post-op infection and received incision and drainage of the lumbar wound on 08/12/2005. The injured employee received aquatic therapy following the surgery in 08/2005, and participated in physical therapy treatment modalities. From her last visit on 03/03/2006, the injured employee received 5 sessions of individual psychotherapy, 4 sessions of biofeedback therapy, physical therapy treatments, and completed the chronic pain program. Clinical notes from the injured employee's visit on 08/16/2007 described that she reported had severe pain that radiated in her head, cervical spine, left shoulder and arm, lumbar spine, thoracic spine, buttocks, and bilateral legs. Upon interviewing the injured employee and review of clinical data, the physician concluded the following diagnoses: pain disorder associated with both psychological factors and a general medical condition, secondary to the work injury, lumbar post-laminectomy syndrome, lumbar neuritis or radiculitis, brachial neuritis or radiculitis, and disorders of bursae and tendons in shoulder region. It was recommended that the injured employee would greatly benefit from a brief course of individual psychotherapeutic intervention using cognitive behavioral therapy strategies. At this time, the request for individual psychotherapy is under review for medical necessity.

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

Since this worker's injury, 6 and one half years ago, she has undergone a lot of investigations including X-rays, MRI, EMG, PMG/NCV and spinal sonography. She also received psychiatric evaluation and psychological testing. She received extensive treatment from different modalities including multiple surgeries, pain medications, psychotropic medication management, physical therapy, injection treatment and biofeedback. She also received individual psychotherapy and 20 sessions of chronic pain management program (CPMP). She should have already learned the techniques of cognitive behavior therapy and pain management skills. The ODG recommends a total of up to 13-20 visits. This injured employee is still symptomatic after 20 sessions of CPMP. She has exceeded this limit and there is no convincing reason that returning to less intensive level of care will be more effective after an intensive program has been tried and failed. Therefore, the previous denial is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- X 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
- 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

- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

American Academy of Pain Management Guidelines

Turk, D.C & Gatchel R.J. Psychological Approaches to Pain Management: a Practitioners Handbook, Second Edition.
New York: Guilford Press.

American Psychiatric Association Practice Guidelines

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