

MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 19, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual psychotherapy 1 x 6 weeks (CPT 90806)

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

The physician providing this review is a Psychologist. The reviewer is licensed in Psychology in the State of Texas. The reviewer is a member of the American Psychological Association, and the International Neuropsychological Society. The reviewer has been in active practice for 28 years.

REVIEW OUTCOME

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

XX Partially Overturned (Agree in part/Disagree in part)

Medical documentation partially supports the medical necessity of Individual psychotherapy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Insurance:

- Office notes (10/18/06 – 08/08/07)
- Radiodiagnostic studies (01/09/07)
- Procedure notes (02/19/07 – 03/19/07)
- Utilization reviews (07/31/07 – 08/15/07)
- Medical review, DDE (04/16/07)

Ph.D.:

- Office notes (10/18/06 – 08/08/07)
- Radiodiagnostic studies (01/09/07)
- Procedure notes (02/19/07 – 03/19/07)
- Utilization reviews (07/31/07 – 08/15/07)
- Medical review, DDE (04/16/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who injured his back while pulling a dolly up a curve. He felt a pop in his back on the right side and had immediate back pain radiating into the right leg.

In October 2006, D.O., evaluated the patient and noted that he had been treated by a physician who allowed him to return to work without restrictions. However, the patient was terminated from his job because he was unable to live up to the standards of his job. The patient's presenting complaint was low back pain. Dr. diagnosed intervertebral disc displacement without myelopathy, lumbar displaced disc, lumbar myospasms and myositis, and intractable pain. He prescribed Vicodin and Flexeril and recommended physical therapy (PT).

Magnetic resonance imaging (MRI) of the lumbar spine obtained in January 2007 suggested minimal disc bulges at L4-L5 and L5-S1. Electromyography/nerve conduction velocity (EMG/NCV) test had been positive for nerve root compression at L5. The patient was referred to D.O., who performed a series of two right-sided transforaminal L5-S1 ESIs. However, they were of no benefit and the patient declined spinal surgery. Therefore, Dr. placed him at maximum medical improvement (MMI) on March 23, 2007, and referred him for an impairment rating (IR) evaluation. M.D., a designated doctor, diagnosed thoracolumbar sprain/strain and assessed clinical MMI as of April 16, 2007, and assigned 5% WPI rating. Per Dr., a functional capacity evaluation (FCE) test placed the patient at a medium physical demand level (PDL) against very heavy PDL required by his job.

In July, Dr. noted that despite being placed at MMI, the patient continued to have worsening pain. Chiropractic adjustments were recommended in addition to Flexeril and Vicodin. D.C., planned spinal decompression therapy to the lumbar region.

A psychological evaluation performed on July 19, 2007, diagnosed major depressive disorder secondary to the work-related injury. The patient had scored an 18 on the BDI-II, indicative of mild depression and 4 on the BAI indicative of minimal anxiety. Recommendations included immediate referral for psychotropic medication consultation and participation in a low-level individual psychotherapy for a minimum of six weeks.

On July 31, 2007, request for individual psychotherapy once a week for six weeks was denied. The rationale provided was: *The stated goal of assistance with the "physical rehabilitation" program is not accompanied by any such program. I am not able to verify that any such treatment was sought. It is unknown if the claimant had a job to return to. Many of the stated goals are boilerplate, subjective parameters, having no role in assessing the adequacy of psychotherapy, example ratings of irritability, tension, frustration, nervousness, etc.*

In response, Ph.D., stated that the patient had completed six visits of PT starting in January 2007 with return to work. He was working at a different, lighter job classification than his prior place of employment (and he was not on an off-work or modified duty status according to the available documentation). The patient

had continued with conservative management with medications while working and should be afforded this brief course of behavioral therapy to address depression noted in the evaluation in July.

On August 15, 2007, the denial was upheld stating: *There is no evidence provided in the documentation that the reported symptoms are causing a delayed recovery from the injury. The need for the requested treatment has not been established. The patient is reporting minimal to mild affective disturbance and has returned to employment. Based on documentation and information provided, this request is not reasonable or necessary.*

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

THE PSYCHOLOGICAL EVALUATION WAS PERFORMED BECAUSE THE TREATING PHYSICIAN NOTED THAT THE CLAIMANT WAS EXPRESSING EMOTIONAL DISTRESS WITH INCREASING PAIN, ALTHOUGH HE CONTINUED TO WORK. THE PSYCHOLOGICAL EVALUATION SUGGESTED THAT THERE WERE SYMPTOMS CONSISTENT WITH A MILD DEPRESSION AND THERE WERE NO SYMPTOMS OF ANXIETY. HOWEVER AS NOTED BY THE PEER REVIEWER THE COMPLAINTS WERE CONSISTENT WITH A CHRONIC PAIN DISORDER.

THE ODG RECOMMENDS INDIVIDUAL PSYCHOTHERAPY FOR THE TREATMENT OF CHRONIC LOW BACK PAIN IN THE CHAPTER ON THE TREATMENT OF CHRONIC BACK PAIN. IT BASES THIS RECOMMENDATION ON THE FINDINGS OF EVIDENCE BASED OUTCOME STUDIES CITED IN THE ODG. IT DOES ACKNOWLEDGE THAT IT IS DIFFICULT TO ESTIMATE IF INDIVIDUAL PSYCHOTHERAPY WILL BE EFFECTIVE FOR A GIVEN PATIENT AND THUS RECOMMENDS A TRIAL OF 3 SESSIONS OF INDIVIDUAL PSYCHOTHERAPY, PARTICULARLY COGNITIVE BEHAVIORAL THERAPY, WITH AN ADDITIONAL 5-6 SESSIONS IF THERE IS DOCUMENTED IMPROVEMENT AS A RESULT OF TREATMENT. THEREFORE 3 SESSIONS OF INDIVIDUAL PSYCHOTHERAPY COULD BE CERTIFIED AS MEDICALLY NECESSARY.

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

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES