



Specialty Independent Review Organization

## Notice of Independent Review Decision

**DATE OF REVIEW:** 4/23/2008

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of 6 sessions of individual psychotherapy.

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

The reviewer is a Licensed Ph.D., LPC with a specialty in Counseling.

**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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of 6 sessions of individual psychotherapy.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

Rehabilitation Institute- DO  
Law Offices  
Law Offices of -patient's attorney

These records consist of the following (duplicate records are only listed from one source): Records received from Dr.: Letter-4/1/05, 2/14/08, 3/31/08, 10/5/06, 10/27/05, 9/15/05, & 5/6/05; Documentation for implanted pump refills-2/14/08, 1/10/08, 12/5/07, 10/25/07, 9/19/07, 8/15/07, 7/18/07, 5/28/07; Notes-9/19/07 - 1/4/07; Follow-up-1/31/07-4/8/05; Contact record-2/17/06-1/19/06; Pain Patient Referral History form-12/1/05-9/29/05; Assistive and Rehabilitative services

letter-11/29/05&11/8/05 and medical release-11/8/05; Dr. outpatient day surgery admit form-12/14/05, post surgery care instructions; Dr. evaluation report-8/30/05; Patient Medication Record-4/1/08-6/9/05; Surgical Hospital operative report-5/15/07 & 4/6/07; Rehab FCE-2/17/06.

Records received from Law Offices of Letter – 4/10/08.

Records received from the patient: Benefit dispute agreement-6/8/04.

Records received: request for reconsideration-3/19/08, Initial Behavioral Medicine Consultation – 2/25/08, pre-authorization request – 3/10/08.

Records received from: Letter – 4/7/08, Reconsideration request for Behavioral health treatment – 3/19/08, Environmental Intervention – 3/24/08; denial – 3/13/08 & 3/25/08.

A copy of the ODG was not provided for this review by the carrier or URA.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who was reportedly injured in a job related injury when pulling large electrical cables through a manhole. He was employed as an at the time of the injury to his cervical & lumbar spine, arms, and legs. He went to the company doctor on xx/xx/xx. They prescribed Vioxx, took X-rays and an MRI, and recommended heat packs. He had physical therapy 3x a week and worked light-duty full-time. The patient indicated that his employer did not honor the restrictions and his symptom's worsened. He then transferred his care to Dr. and began receiving physical therapy for 3-5 weeks. The patient derived minimal temporary benefit from therapy. He was then referred to Dr. for a work hardening program. He had a L4-L5 fusion which he felt was minimally beneficial. Another surgery was done at L5. He also participated in a chronic pain management program which was noted as somewhat beneficial. The patient had a morphine pump implanted in 2006. He reported that he received some benefit although he still has some chronic pain. He did not have further treatment after the pain pump and after frustration at the lack of progress transferred his care to Dr.

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

The reviewer states that the provided medical records indicate that the patient reports high levels of depression and anxiety. However, there were no records indicating that he has shown a positive response to psychotherapy during the chronic pain management program which includes a counseling component. Therefore, there is no previous behavior indicating his desire and ability to make constructive therapeutic changes in his life.

The 2007 Official Disability Guidelines recommends outpatient therapy for 0-7 visits as an effective treatment for 296.2 Major depressive disorder, single episode.

**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)