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Notice of Independent Review Decision

DATE OF REVIEW: 04-16-08

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 and Neurology

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 Number	Review Type	ICD9/ DSMV	HCPCS/ NDC	Overturn/ Upheld
		Prospective	726.10 718.97 845.10 726.10 718.97 845.10	90806	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Review Determination dated, 03-05-08 and 03-19-08

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Pre-authorization and Reconsideration requests dated, 02-29-08 and 03-14-08
Insurance verification Form
Physician referral dated, 02-07-08
Pre-surgical Behavioral Medicine Re-evaluation dated, 01-29-08
Medical notes dated, 08-21-07, 11-08-07, and 11-12-07
Reconsideration: Request for Behavioral Health Treatment dated, 03-14-08
Environmental Intervention 90882 dated, 03-04-08 and 03-09-08
Causation Letter dated, 12-14-06
MRI Left Ankle dated, 12-15-06
MRI Lumbar Spine w/o Contrast Enhancement dated, 12/15/06
Official Disability Guidelines (ODG): Integrated Treatment /Disability Duration Guidelines; Work Loss Data Institute, ODG 2007;. et al, 2006 – cited
but the actual guidelines were not provided

PATIENT CLINICAL HISTORY:

This xx-year-old claimant with work related injury to shoulder and ankle on xx/xx/xx. The claimant received conservative care, medications and injections, physical therapy, and work hardening program without return to work. Psychological evaluation noted complaints of limited function, disrupted sleep, frustration, anger, worry, and sadness. Beck Depression Inventory (BDI-ii) and Beck Anxiety Inventory (BAI) revealed a score of 14 on BDI indicating mild depression and score of 32 on the BAI reflecting severe anxiety. The patient was cleared for surgery but it was recommended to have individual psychotherapy. The request was non-certified.

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

The Reviewer noted the behavioral health evaluation on 01-29-08 indicated that the claimant was experiencing mild depression and severe symptoms of anxiety. There was a diagnosis of adjustment disorder with mixed anxiety and depression and pain disorder with disorders of shoulder, joints and foot. It was noted that the "claimant does not appear to have any overt psychosocial stressor and has a good support system". No further therapy or assessments were deemed necessary and the claimant was cleared for spine surgery.

The evaluation did not attempt to assess factors that may be contributing to the patient's delayed recovery. Without adequate psychological evaluation, the appropriateness of the treatment could not be determined (Work Loss Data Institute, ODG, 2007) – Guidelines for assessment and management of chronic

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pain, Guidelines for low back problems). It is suggested in guidelines to also evaluate for psychosocial contributors and possibilities of the contribution of underlying substance abuse problems (Colorado, 2003). Standards of patient selection call for psychotherapy to be given special consideration if the claimant experiences some of the following factors: significant stressors, internal conflicts, interpersonal difficulties / social issues and personality disorders (Work Loss Data Institute, ODG, 2007 – Stress Chapter).

In the opinion of the Reviewer, individual psychotherapy for 6 sessions are not medically necessary for this claimant.

**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)