

Applied Assessments LLC

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 04-27-08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

6 sessions of Individual Psychotherapy over 12 weeks

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

Clinical Psychologist

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)

Upon independent review the reviewer finds that the requested six sessions of Individual Psychotherapy over 12 weeks is medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters 3/6/08, 3/28/08
ODG Guidelines and Treatment Guidelines
Treatment Progress Reports 2/26/08, 9/6/07, 1/14/08, 11/28/07
Chronic Pain Management Program 1/16/08
Initial Diagnostic Screening 6/7/07- 7/20/07
Chronic Pain Management Program Progress Report
External Review Notes 3/6/08, 3/27/08

Pre-Authorization Requests 3/4/08, 3/25/08
Chronic Pain Management Discharge Summary Report 3/3/08
MD Follow-Up Evaluation 2/13/08
Response To Denial Letter 3/24/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year old female who was injured at work on xx/xx/xx while performing her usual job duties, which consisted primarily of heavy typing. She continued to work until 1/30/05. She sustained a repetitive use injury to her wrists and hand eventually receiving a diagnosis of carpal tunnel syndrome. Reports indicate she received treatment and diagnostics to include EMG/NCV, MRI's, active and passive physical therapies, FCE, medication management, 6 individual therapy sessions, ESI's, and on 11-05 a carpal tunnel release.

Patient was approved for, and received, a 20 day chronic pain management program, during which time she made significant progress toward accomplishing all of her goals. She was able to decrease her narcotic medication intake from "moderate" to "appropriate use", decrease BDI score from 16 to 12, and BAI score from 15 to 9, placing her in the mild ranges for depression and anxiety. Sleep disturbance continues to be in the "moderate to serious" range. Patient is stronger physically. Patient has progressed from a not working status to being enrolled with TDARS and having a goal of obtaining a license as an esthetician.

Goals for the IT sessions include patient to have fewer incidents of sleep disturbance, transition fully into a work environment, continue to decrease her depression and anxiety to WNL's, and decrease her work related fear avoidance.

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

The current request is for 6 individual psychotherapy sessions, spread over 3 months. Patient has made good progress, and practitioners in this case have appropriately utilized a stepped-care approach to treatment, as recommended by ODG.

Per 2008 revised ODG guidelines (see below), patient should be at MMI at the conclusion of treatment. This patient seems motivated, compliant, and has made good progress to date, but has not plateaued, and is therefore not at MMI. She is on her way to a new lifestyle and new vocation, and continued support as requested is a medically reasonable and appropriate intervention at this time in order to continue patient's positive progress toward MMI. Current request for 6 IT sessions is considered reasonable and necessary.

Psychological treatment: Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting

goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested:

Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention.

Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy.

Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also [Multi-disciplinary pain programs](#). See also [ODG Cognitive Behavioral Therapy \(CBT\) Guidelines for low back problems](#). ([Otis, 2006](#)) ([Townsend, 2006](#)) ([Kerns, 2005](#)) ([Flor, 1992](#)) ([Morley, 1999](#)) ([Ostelo, 2005](#))

Criteria for the general use of multidisciplinary pain management programs:2008

Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met:

(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note [functional improvement](#); (2) Previous methods of treating the chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted; (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed.

Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 sessions. ([Sanders, 2005](#)) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The patient should be at MMI at the conclusion.

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)