

## Notice of Independent Review Decision

### DATE OF REVIEW:

08/22/2008

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual Psychotherapy once a week for six weeks.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

### REVIEW OUTCOME

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

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**Individual psychotherapy once a week for six weeks is not medically necessary.**

### INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION Referral
- 08/08/08 MCMC Referral
- 08/08/08 Facsimile Transmittal with message
- 08/07/08 Notice To Utilization Review Agent Of Assignment,
- 08/07/08 Notice To MCMC, LLC Of Case Assignment,
- 08/07/08 Confirmation Of Receipt Of A Request For A Review, DWC
- 08/06/08 Request For A Review By An Independent Review Organization
- 08/05/08, 07/18/08, 06/24/08 Preauthorization Determination letter,
- 07/16/08, 06/23/08 Environmental Intervention note, Ph.D.,
- 07/10/08, 06/17/08 Preauthorization Request,
- 07/10/08 Reconsideration: Behavioral Health Treatment Preauthorization Request, MA,
- 06/23/08 Corvel Physician Advisor Referral Form, Ph.D.,
- 06/23/08 (start date) denial notice for psychotherapy, Ph.D.
- 06/12/08 Initial Behavioral Medicine Consultation, M.A.,
- 06/12/08 Addendum, M.A.
- 06/04/08 History and Physical, D.O.
- 06/04/08 referral form,
- 05/19/08, 05/12/08 office note, M.D.
- Undated Patient Information Sheet

- Note: Carrier did not supply ODG Guidelines.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a male who sustained a right hand wound on xx/xx/xx. He required skin repair in the Emergency Room. He saw his Emergency Room hand surgeon on xx/xx and was noted to be doing well and returned to full duty. He then saw Dr. on 06/12 who noted he could not make a fist, was complaining of weakness and paresthesias, and recommended light duty and psychiatric therapy. His psychiatric evaluation of 06/12 noted Beck Depression Index (BDI) of 5, Beck Anxiety Index (BAI) of 8 and blamed these low scores on his educational barriers. They stated he was anxious and noted he is on Lyrica and Ultram. He is sleeping six hours per night.

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

While Official Disability Guidelines and American College of Occupational and Environmental Medicine both recommend psychotherapy for depression and panic disorder, this injured individual was only five weeks out from his date of injury, had minimal findings on his psychiatric testing, has minimal sleep disturbance, has had no post date of injury treatment, and is on no psychotropic medications. The psychotherapist blames his low scores on educational barriers; however, this test could be read to the injured individual. He had a skin laceration requiring suturing in the Emergency Room which is not a major trauma or event. He was seen by his hand surgeon on xx/xx and noted to be doing well, able to make a fist fully, and told to Return to Work (RTW) at full duty. Dr. then saw him a month later and noted a completely different exam. He referred him to psychiatry. The injured individual has conflicting findings, has minimal psychiatric levels documented, has had no relevant treatment or medications to address any of these issues. Therefore psychiatric therapy is denied.

**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 pg 398-399**

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Recommended. The overwhelmingly effective psychotherapy treatment for Panic Disorder is Cognitive Behavioral Therapy (CBT). CBT produced rapid reduction in panic symptoms. Typically, CBT is provided over 12-14 sessions, conducted on a weekly basis. Each session lasts approximately 1 hour. CBT can be administered either as a stand-alone treatment or in conjunction with medication. For those individuals who don't respond to medication, CBT is likely to be the only viable treatment for panic symptoms. CBT individual therapy produced superior results over group CBT. ([Warren, 2005](#))