



Notice of Independent Review Decision

DATE OF REVIEW: 8/28/08

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for 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:

A Texas licensed Psychiatrist.

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)

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.

The previously denied request for Individual Psychotherapy, once a week for six weeks.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Fax Cover Sheet dated 8/21/08.
- Notice to CompPartners, Inc. of Case Assignment dated 8/21/08.

- Notice of Assignment of Independent Review Organization dated 8/21/08.
- Medical Records Request Letter dated 8/21/08.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 8/20/08.
- Company Request for Independent Review Organization dated 8/20/08.
- Request Form Request for a Review by an Independent Review Organization dated 8/20/08.
- Determination Notification Letter dated 8/15/08, 7/29/08.
- Referral Form dated 12/7/07.
- Patient Information Sheet (unspecified date).

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Female

Date of Injury:

Mechanism of Injury: When she felt a pop in her back and neck.

Diagnosis: Adjustment disorder with mixed anxiety, depression and major depression disorder.

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

The claimant is a female who was injured at work on xx/xx/xx, when she felt a pop in her back and neck. She had undergone an MRI and was treated with medications and physical therapy. She was having severe ongoing pain. At that time, she was twelve weeks pregnant. In addition to pain, she also had insomnia, low energy, poor appetite, depression, anxiety, and financial strain. At that time her Beck depression and anxiety scores were 20 and 25. Her diagnoses were adjustment disorder with mixed anxiety and depression as well as Major Depressive Disorder. The claimant was recommended six sessions of individual psychotherapy. She completed the sessions and had a Beck Depression Inventory (BDI) score of 19 and Beck Anxiety Inventory (BAI) 21. She was authorized additional six sessions of psychotherapy and six sessions of biofeedback. She is now ten weeks post delivery. She continued to have low back pain and had Beck scores of 21 and 17 respectively indicating that there was no appreciable improvement. She had not been referred to a psychiatrist for medication management. The current request is for additional six sessions of individual psychotherapy, which should be denied as the claimant was not progressing towards her treatment goal and had not been referred for psychotropic medication management. The ODG guidelines, Cognitive therapy for depression, are supportive of this determination: "*In another study, it was found that combined therapy (antidepressant plus psychotherapy) was found to be more effective than psychotherapy alone. (Thase, 1997) (Corey-Lisle, 2004) A recent meta-analysis concluded that psychological treatment combined with antidepressant therapy is associated with a higher improvement rate than drug*

treatment alone." ODG guidelines, Antidepressants states "Antidepressants have been found to be useful in treating depression (Furukawa, 2002) (Joffe, 1996), including depression in physically ill patients (Gill, 1999)." Therefore, only antidepressants and medical management are indicated at this time and no psychotherapy.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
Official Disability Guidelines (ODG), Treatment Index, 5th Edition, 2007, Stress related conditions and other Mental Cognitive therapy for depression, Antidepressants.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND PRACTICE PARAMETERS.
- TEXAS TACADA GUIDELINES.
- TMF SCREENING CRITERIA MANUAL.
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION).

X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION).

American Academy of Pain Management Guidelines