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**DATE OF REVIEW:** 08/18/2008

**IRO CASE #:**

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

Individual Psychotherapy @ 1 day per week x 6 weeks.

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

This case was reviewed by a Texas licensed PHD, specializing in Psychology. The physician advisor has the following additional qualifications, if applicable:

**REVIEW OUTCOME:**

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

Upheld

| Health Care Service(s) in Dispute                    | CPT Codes | Date of Service(s) | Outcome of Independent Review |
|--|-----------|--------------------|-------------------------------|
| Individual Psychotherapy @ 1 day per week x 6 weeks. | 90806     | -                  | Upheld                        |

**PATIENT CLINICAL HISTORY (SUMMARY):**

The claimant is a female who on xx/xx/xx suffered a work related back injury with lower extremity pain complaints. The request is for an IRO. Claimant's submission by M.S., L.P.C.. The patient has been treated with conservative care and medications. Current medications included Vicodin, Naproxen and Flexeril. Documentation indicates that the claimant continued to work after the injury, but recently left the job due to pain. A psychological assessment on 06/19/08 reported that the claimant was experiencing mild depressive symptoms and mild symptoms of anxiety. The reviewers noted several discrepancies in the psychological evaluation including: (1) self-report inventory scores were inconsistent with complaints (2) subjective pain complaints were inconsistent with objective test scores and (3) treatment would be used to address non work related issues (compensability). The request was for individual psychotherapy x 6.

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

The discrepancies addressed by the reviewers indicate the psychological evaluation did not adequately assess this claimant's psychological symptomatology. Furthermore, the evaluation did not provide evidence that the claimant's psychological symptoms were causing a delayed recovery from this acute injury. The necessity of this requested treatment could not be established. Based on the evidence provided in ODG and other treatment guidelines for the treatment of chronic pain, this request is not medically necessary. Given the documentation provided, the claimant is a poor candidate for the requested treatment. The documentation provided for this review indicates the requested procedure is not medically necessary.

Decision upheld.

The issues and discrepancies addressed by the reviewers indicate that the request is not consistent with the requirement that psychological treatments only be provided for "an appropriately identified patient" (Work Loss Data Institute, ODG 2008).

The patient is reporting mild psychological symptoms and there is no evidence of a primary or secondary behavioral or psychological disorder which would provide a necessity for the requested treatment. There is no evidence provided in the documentation that these mild psychological symptoms are causing a delayed recovery from this acute injury. Without an adequate assessment of these factors, the appropriateness of the requested treatment could not be determined (Work Loss Data Institute, ODG, Guidelines, 2008; Guidelines for the assessment and management of chronic pain, ICSI, 2005; ACOEM Guidelines, Chapter 6, pages 113-115).

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

ODG:

Chapter 1