CompPartners

Notice of Independent Review Decision

DATE OF REVIEW: **2/18/08**

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for individual psychotherapy with medication management, monthly for 6-12 months, individual psychotherapy with LMSW, monthly for 6-12 months and weekly group therapy.

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

Texas Licensed Occupational Medicine Physician.

REVIEW OUTCOME:

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

□ Upheld (Agree)

□ Overturned (Disagree)

X 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 with medication management, monthly for 6-12 months is OVERTURNED. The individual psychotherapy with LMSW, monthly for 6 months is OVERTURNED. The weekly group therapy is UPHELD.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Confirmation of Receipt of a Request for a Review by an Independent Review Organization dated 1/18/08.
- Request for a Review by an Independent Review Organization dated 1/10/08.
- Non-Certification Letter dated 11/21/07.
- Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 1/22/08.
- Notice of Case Assignment dated 1/22/08.
- Result Appeal Review Notice dated 11/30/07.
- Review of Health Care Correspondence Letter dated 11/14/07.
- Fax Cover Sheet Additional Records dated 11/27/07.
- Fax Cover Sheet Request Additional Care dated 11/14/07.
- Office Visit Letter dated 12/14/07, 11/13/07.
- Current Neuropsychiatry Status Letter dated 12/18/07.
- Request for Reconsideration of Adverse Determination dated 11/30/07.
- Notification Letter dated 11/30/07.
- Medical Correspondence Letter dated 11/27/07.
- Continuation Sheet dated 11/8/07, 11/1/07, 10/17/07, 10/3/07, 9/17/07, 7/30/07, 7/16/07, 7/2/07, 6/19/07, 5/17/07, 5/7/07, 4/23/07, 4/9/07, 3/21/07, 3/7/07, 2/22/07, 2/15/07, 1/25/07, 1/11/07, 12/20/06, 11/16/06, 10/20/06, 10/6/06, 9/21/06, 9/8/06, 8/25/06, 8/4/06, 7/27/06, 7/13/06, 6/23/06.
- Vocal Cord Dysfunction, Chapter 38, date unspecified.
- Medical Documents submitted by the URA dated Jan 2001 – Jan 2008

PATIENT CLINICAL HISTORY (SUMMARY):

Age:
Gender: Female
Date of Injury:
Mechanism of Injury: Inhaled noxious chemicals.

Diagnosis: Reactive airways dysfunction, occupational asthma, and pulmonary fibrosis.

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

The claimant is a female who was involved in a serious work related injury . According to the records provided for review, the claimant, previously employed as a nurse, inhaled noxious chemicals, including phosphoric acid and sodium metasilicate, that left burns and scars in her lungs. The claimant was subsequently diagnosed with reactive airways dysfunction, occupational asthma, and pulmonary fibrosis, as well as other medical conditions. The claimant also developed psychiatric pathology as a result of the work injury, including post traumatic stress disorder, depression and anxiety. The claimant has been seeing Dr. a psychiatrist, since at least 2001, who had been treating the claimant for

psychiatric conditions with medications, and also sees her once a month for psychotherapy.

In addition to care with Dr., however, the claimant has had several other therapeutic interventions for her psychiatric conditions. Dr. noted in his correspondence from November 2007, that the claimant sees Mr. a social worker, once a month for individual psychotherapy, and has weekly group therapy sessions with Dr. Continuation of this psychotherapeutic regimen for the next 6 to 12 months has been requested. The records submitted for review indicate, however, that the claimant is seeing Mr. twice per month. The file has been reviewed twice before, and the request for the treatment outlined by Dr. has not been authorized. Modifications of the request have been proposed, but the claimant and Dr. have not agreed with these modifications and have submitted an IRO appeal.

The most recent review was conducted by a psychiatrist on 11/30/07. The reviewer has reviewed the materials that this provider had access to. It was noted that the claimant was receiving 7 units of psychotherapy per month: one with Dr., two with Mr., and 4 from Dr. for group therapy. No notes from Dr. have been submitted for review. No reference to this care, or treatment obtained in group therapy was made in the notes from the other providers. Given that there were no progress notes from Dr. critically necessary clinical information about the claimant's progress or treatment in group therapy, cannot be determined. No data has thus been provided that supports the weekly group therapy sessions under the supervision of Dr. and hence that care remains an adverse determination. The request for monthly sessions with Dr. to provide both psychotherapy and medical management is medically appropriate and should be certified. The Official Disability Guidelines (ODG) indicates the following: "Recommended. Cognitive behavioral psychotherapy is a standard treatment for mild presentations of MDD; a potential treatment option for moderate presentations of MDD, either in conjunction with antidepressant medication, or as a stand-alone treatment (if the claimant has a preference for avoiding antidepressant medication); and a potential treatment option for severe presentations of MDD (with or without psychosis), in conjunction with medications or electroconvulsive therapy." Additionally: "Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psychotherapy." The ODG Guidelines provide a recommendation of number of treatment sessions: "ODG Psychotherapy Guidelines: Initial trial of 6 visits over 6 weeks With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)" Clearly, the claimant has exceeded the number of sessions recommended by the ODG Guidelines. However, due to the serious nature of her original injury, with ongoing physical sequeale, her documented ongoing psychological impairment, this reviewer believes this claimant is appropriately considered an outlier to these clinical guidelines. Lastly, this reviewer also recommends the once per month sessions with Mr. to continue, for supportive

individual psychotherapy. The data provided for review from the therapy notes of Mr. did not support the appropriateness of biweekly individual psychotherapy sessions, nor does it show continuous sustained benefit by the claimant. Therefore, final recommendations are: Adverse determination of weekly group therapy sessions. Approved: once per month sessions with Mr. for individual psychotherapy for 6 months. Approved: Monthly individual psychotherapy with medication management by Dr. for 6 months.

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.

X ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.

Web Based Guidelines, 5th Edition, 2007 Integrated Treatment/Disability Duration Guidelines Mental Illness.

□ 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).

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