



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 additional 12 sessions of individual psychotherapy.

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

Texas Licensed Anesthesiology/Pain Management M.D.

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)

The previously denied request for additional 12 sessions of individual psychotherapy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Confirmation of Receipt of a Request for a Review by an Independent Review Organization dated 1/30/08.
- Fax Cover Sheet Notes dated 1/14/08, 1/21/08.
- Fax Cover Letter Attached Disputed Services dated 1/31/08.
- Request for a Review by an Independent Review Organization dated 1/29/08.

- **Utilization Review Findings Letter dated 1/29/08, 1/15/08.**
- **Notice of Case Assignment dated 1/31/08.**
- **Record Review Letter dated 1/4/08.**
- **Appeal of Adverse Determination Letter dated 1/21/08.**
- **Correspondence Letter dated 1/11/08.**
- **Attachments (unspecified date).**
- **No Guidelines Provided by the URA.**

CLAIMANT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Male

Date of Injury:

Mechanism of Injury: Not provided.

Diagnosis: Chronic low back pain; Status post lumbar fusion, 2005; Status post lumbar laminectomy, October 2004; Psychosocial issues (anxiety/panic disorder).

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

The claimant is a male who sustained a work-related injury involving the lumbar spine. The diagnoses were as noted above. He was originally evaluated by Dr. (psychologist), who documented that development of a panic disorder. Dr. stated that this disorder was due to the lumbar injury, and there were psychological factors affecting his physical condition. Health and behavior intervention was recommended. Subsequent to this, the claimant was evaluated by Dr. in July and September 2007, hoping that the claimant's activities were consistent with limitations secondary to a two-level fusion. At one point, Dr. thought that the claimant could do sedentary work. Due to continued back and leg symptoms, the claimant underwent a spinal cord stimulator trial, performed on 3/30/07, and a permanent independent neuromodulator was placed on 4/6/07. Of note, a psychological evaluation was performed prior to spinal cord stimulator trial in November 2006, the report of which was not submitted for review. On 12/5/07, Dr. (psychologist) wrote a letter stating that this claimant had been videotaped, which caused the claimant to have deleterious effects, implying the claimant had become paranoid, having panic attacks, and generalized anxiety, apparently secondary to this taping. It appears that this was so serious that Dr. contacted to point out the seriousness of the claimant's presenting symptoms and the degree of his stabilization. Psychiatric hospitalization reportedly was discussed with Dr.. Individual psychotherapy was approved, which reportedly revealed a decreased/anxiety scores from 52 to 37. Important points of progress were detailed, including near cessation of panic disorder and significant improvement in agoraphobic reactivity. A peer review performed by Dr. (psychiatrist) reportedly did not entail all of the specific details of this claimant's treatment and, therefore, specific important information was left out. Of note, a records review performed by Dr on 1/4/08, stated that with reasonable medical probability, the claimant's

panic disorder with agoraphobia was probably not related to his compensable injury. The treating physician, Dr. has requested additional 12 sessions of individual psychotherapy over a six-month period to assist this claimant with extended improvement in his anxiety/panic disorder. After review of the documentation submitted, the non-certification is reversed, and this claimant will be certified for additional 12 sessions of individual psychotherapy sessions over a six-month period. It appears that this claimant is most certainly an outlier to the Official Disability Guidelines. However, it cannot be ignored from efficacy documented from claimant's previous individual psychotherapy treatments that additional treatments are medically necessary/appropriate. With continuation of claimant's treatment, it is hoped that frequency and duration of his psychological symptoms are steadily decreased.

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.
- 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).