

Notice of Independent Review Decision

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 07/09/08

**IRO CASE #:**

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

Individual psychotherapy times four.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified in Anesthesiology, board certified in Pain Management, board certified in Interventional Pain Management, board certified in Acupuncture, and board certified in Naturopathy

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
724.1			<i>Prosp.</i>						
723.4	90806		<i>Prosp.</i>						

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI Case Assignment letter
2. Letters of denial, 06/05/08 and 06/18/08 including criteria used in the denial by the ODG Guidelines
3. Initial request for psychotherapy, 05/14/08 and request for reconsideration, 06/10/08
4. Physician's initial visit, 05/07/08
5. Spine evaluation, 05/21/08
6. Peer to peer notes, 05/14/08 and 05/16/08
7. Physical therapy notes of 06/01/08, 06/17/08, and 06/24/08

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The basis of my opinion for overturning this is a review of the denial letters. In the initial denial as well as the notes reviewed, it was stated the patient had a one-year history of cervical, thoracic, right shoulder, low back, and bilateral lower extremity pain complaints and had received conservative care. This consisted of some physical therapy and some modalities as well as medication. The patient has not improved with this. There was also a premorbid history of bipolar disorder as well as notable family history of psychiatric disturbances, which the patient's mother described as having a drinking problem and had notably engaged

in multiple suicide attempts. Current medications for this patient include oxycodone, Xanax, Lyrica, and Soma.

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

In the initial review, it was stated that psychotherapy in the context of chronic pain conditions was indicated only when there was an appropriately identified patient, and the reviewer went on to state that the criteria had not been met. These patients should be screened for risk factors of delayed recovery, including fear avoidance beliefs. The initial therapy of these at-risk patients should be physical therapy exercise instruction using a cognitive motivational approach to physical therapy, and separate psychotherapy should be considered after four weeks of lack of progress from the physical therapy alone did not produce results. An initial trial of three to four psychotherapy visits over two weeks was then recommended. With evidence of objective functional improvement, a total of up to six to ten visits in five to eight weeks could be approved. In the reconsideration, much the same was stated, that the ODG Guidelines had not been met.

However, when I review the initial note by the psychologist, I note that an assessment was indeed made for the psychiatric status of this patient. This included an SOAPP score of 22, indicating a risk for abuse of narcotic medications, a Beck Depression Inventory score of 32, indicating severe depression, and a Beck Anxiety Inventory of 40, indicating severe anxiety. This would identify this as an appropriately identified patient. PT was tried initially, and nothing was gained from her PT, even though there was only a few sessions done. Therefore, it would occur to me that an initial trial of three to four psychotherapy visits as requested would be appropriate, according to the ODG Guidelines.

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

- ACOEM-American College of Occupational & 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 judgment, 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 & Practice Parameters.
  - Texas TACADA Guidelines.
  - TMF Screening Criteria Manual.
  - Peer reviewed national accepted medical literature (provide a description).
  - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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