



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: July 2, 2008

IRO Case #:

Description of the services in dispute:

Preauthorization is requested for code #90806 x6.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The clinician who provided this review is a licensed Psychologist in two states. This reviewer is a diplomate in Clinical Neuropsychology, by the American Board of Professional Neuropsychology. This reviewer is a member of the American Psychological Association, the American Pain Society and the National Academy of Neuropsychology. The reviewer has served as the Chief of Neuropsychology and Rehabilitation Psychology at a university medical center, an assistant professor of Psychology, Director of a Children's Rehabilitation Program and staff Psychologist. The reviewer is currently in private practice where he has nearly 30 years of experience.

Review Outcome

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

Upheld

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.

Medical necessity is not established for the proposed 6 psychotherapy visits (#90806).

Patient clinical history [summary]

The claimant was injured on xx/xx/xx when he slipped on a wet floor. His subsequent medical care has included chiropractic care, diagnostic medical studies, PT, IPT, and medical care including injections. He has not been deemed a candidate for surgery. He was initially seen by Ms. on June 20, 2007 for a biobehavioral evaluation. A report was not completed until one month later. This evaluation was to determine his readiness for work hardening program. His psychological tests scores were only partially reported with several pertinent scores (e.g. BDI-II) being omitted. The

claimant did ultimately complete six sessions of psychotherapy on September 5, 2007, November 28, 2007, December 19, 2007 and other unspecified dates. The AP subsequently requested six (6) additional sessions in a request dated January 21, 2008. The determination/outcome of this request is not documented in submitted documentation. The AP submitted a third request for six (6) psychotherapy sessions on May 1, 2008 according to a reconsideration letter reviewed. This was denied. A Denial prepared on May 6, 2008 by (Psychologist) suggested the psychotherapy sessions should be denied. The basis for this denial was listed as "patient worsened following individual psychotherapy". It was also noted that the reported Beck Depression– Inventory score was 10 and borderline normal. An Appeal letter was submitted by on May 7, 2008. She opined that the individual items should have been looked at and if these were taken into account, the claimant did display psychological problems. opined "...the focus should be on the particular critical items endorsed". The appeal letter did not appear to address the issue of the claimant's failure to make functional gains as a result of past psychotherapy. A second level appeal was received on May 27, 2008. It was reviewed by (psychologist) and it was determined that the appeal should be denied. referenced the psychological testing including BDI, BAI, and BHI–2 results. All testing was felt to be within normal limits and IPT was also not felt by to have produced functional gains.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

This IRO was filed to overturn a denial for six (6) individual psychotherapy (IPT) sessions denied by two (2) different psychology reviewers. The basis for both reviewers objections to approving additional IPT sessions was 1. Minimal evidence of psychological problems as documented by the results of three (3) different tests including the BHI–2, BAI, and BDI–II, and 2. lack of documentation that the claimant had benefited from previous exposure to six (6) previous sessions of IPT. In both cases, ODG Guidelines were referenced. Ms. opined the overall test scores were only one relevant factor, and "the focus should be on the particular critical items endorsed" on the tests. The suggestion that psychologists consider "critical items" is correct; however, it would be incorrect to assume that a few positive findings are used by psychologists in determining a diagnosis or forming a treatment plan. To the contrary, psychologists are taught just the opposite. Endorsement of a few "items" on a test is not considered to be diagnostically definitive. Ms. did not address the opinions offered by that IPT did not result in functional improvement. ODG requires documentation of functional improvement in order to support a conclusion that additional IPT should be approved.

Medical necessity is not established for the proposed 6 psychotherapy visits (#90806).

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG Guidelines regarding psychotherapy indicates, "...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)...” The requested four (4) psychotherapy sessions are medically necessary to help the claimant in a back to work program.

The following pertinent references are provided for additional consideration:

Handbook of Pain Syndromes. Mahwah, NJ: Lawrence Erlbaum Publishers, 1999–pages 77–97.

American College of Occupational and Environmental Medicine. Occupational Medicine Practice Guidelines: Evaluation and Management of Common Health Problems and Functional Recovery in Workers. Massachusetts: OEM Press, 2nd Edition, 2003.

Nielson, W.R. & Weir, R. (2001). "Biopsychosocial approaches to the treatment of chronic pain." *Clinical Journal of Pain*, 17(4 Suppl), S114–S127.

Roberts, A. H., R. A. Sternbach, et al. (1993). "Behavioral management of chronic pain and excess disability: long-term follow-up of an outpatient program." *Clin J Pain* 9(1): 41–8.

Flor, H., D. J. Behle, et al. (1993). "Assessment of pain-related cognitions in chronic pain patients." *Behav Res Ther* 31(1): 63–73.

Maloney, K et al. An overview of outcomes research and measurement. *J Health Care Quarterly*, 1999; Nov–Dec; 21(6): 4–9.

Lambert MJ, editor. *Bergin and Garfield’s handbook of psychotherapy and behavior change*. 5Th ed. John Wiley and Sons, New York. 2004

Gatchel, Robert J., *Clinical Essentials of Pain Management*, 2005, American Psychological Association.

Turk, D.C. & Gatchel, R.J. (Eds.). *Psychological Approaches to Pain Management: A Practitioner’s Handbook*, Second Edition. New York: Guilford Press, 2002.