



Notice of Independent Review Decision

DATE OF REVIEW: 6/24/08

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for four sessions of individual psychotherapy.

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

A Texas licensed Psychiatrist.

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)

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 four 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 (IRO) dated 6/12/08.
- Request for a Review by an Independent Review Organization dated 6/11/08.
- Reconsideration Letter dated 6/4/08.

- Medical Management-Assignment Form dated 6/4/08.
- Reconsideration Request Note dated 5/27/08.
- Request Denial Letter dated 5/19/08.
- Updated Request Report dated 5/2/08.
- Follow-Up Evaluation Note dated 3/11/08, 2/5/08, 12/15/07, 7/17/07, 6/26/07, 6/2/07.
- Operative Note dated 6/8/07.
- Bilateral Lower Extremity Electromyography and Nerve Conduction Velocity Exam dated 5/15/07.
- Motor Nerve Conduction/ Sensory Nerve Conduction Study dated 5/15/07.
- Patient History Note dated 4/10/07.
- Final Report dated 3/21/07.
- Thoracic Spine Viewing Note dated 3/20/07.
- Lumbosacral Spine X-ray Viewing dated 3/20/07.
- Lower Extremity Nerve Conduction Velocity Studies Note (unspecified date).

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Male

Date of Injury:

Mechanism of Injury: Fall injury.

Diagnosis: Chronic back pain

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

Claimant is a male who was injured at work, while working as a for four and a half years. The claimant fell and injured his lower back. Since the injury the claimant continued to suffer from chronic back pain. He had undergone multiple investigations and treatment including X-rays, MRIs, pain injection, physical therapy and pain medications, none have been completely successful in lowering his pain level. His current pain level is about 6/10, which radiated towards his right hip. The pain was worst in the morning due to the stiffness he experiences. He had difficulty in sitting, walking, standing, driving, bending, and climbing. He had difficulty performing his activities of daily living (ADL). The chronic pain has impacted his individual, family, and social life. As a result of functional limitations, he was also suffering from anxiety and depression characterized by nervousness, concentration difficulty, sadness, hopelessness, irritability, boredom, fear of re-injury and low frustration tolerance. His Beck Depression Inventory Scale is 21, within the moderate to severe range of depression. The claimant did not have any psychiatric condition prior to this injury. He had not received any mental health treatment. The current request was for four sessions of individual psychotherapy which should be authorized. The claimant was

suffering from psychiatric and physical disability due to work related injury and there was enough evidence in medical literature, which proved that psychotherapy is helpful to reduce psychological symptoms and pain. Evidence based medical practice suggest that psychotherapy is helpful to manage chronic pain syndrome. This will help the claimant to learn new coping skills and reframe interpretation of injury, thereby reducing her depressive symptoms. ACOEM and ODG are supportive of this determination: *"Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms."* – The ACOEM Guidelines– Chapter 15, page 405, *Follow-Up Visit Cognitive therapy for depression: "Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals... 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)"* – ODG Guidelines, Stress related conditions and other Mental Disorders.

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

X ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE.

American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines Second Edition, Chapter 15, page 405.

- 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.

Official Disability Guidelines, Treatment Index, 6th Edition, 2008, Cognitive therapy.

- 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).

American Academy of Pain Management Guidelines Turk, D.C & Gatchel R.J. (eds.). Psychological Approaches to Pain Management: a Practitioners Handbook, Second Edition. New York: Guilford Press.