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## Notice of Independent Review Decision

**DATE OF REVIEW:** 06/27/08

**IRO CASE #:**

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

Individual Psychotherapy 1 x 6 weeks

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

Board Certified in Psychology

### **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.

Individual Psychotherapy 1 x 6 weeks - Overturned

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Employer's First Report of Injury or Illness, xx/xx/xx  
MRI of the right wrist, , M.D., 09/26/07  
DWC-73, , M.D., 09/26/07, 10/02/07, 10/08/07, 10/11/07

MRI of the right wrist, , M.D., 09/29/07  
Examination Evaluation, , M.D., 10/11/07, 10/29/07  
Examination Evaluation, , P.A., 10/22/07  
DWC-73, , M.D., 10/29/07  
Examination Evaluation, , D.O., 11/06/07, 12/04/07, 01/11/08, 02/06/08, 02/27/08, 04/24/08, 05/08/08  
Initial Evaluation, , P.T., 11/12/07  
Initial Behavioral Medicine Consultation/Addendum, , LPC, , 11/13/07  
Patient Activity Flow Sheet, 11/19/07 - 12/10/07  
Physical Therapy Progress Notes, , PT, , 11/19/07, 11/20/07, 11/21/07, 11/26/07, 11/28/07  
Billing Sheet, Hospital, 11/27/07  
Consent Form, PA, 11/29/07  
NCV/EMG Examination, , M.D., 11/29/07  
Physical Therapy Progress Notes, PT, 11/30/07, 12/03/07, 12/06/07, 12/07/07, 12/10/07  
Medical Necessity DME Equipment/Medical Supplies Center, 12/03/07  
DWC-73, Dr. , 12/04/07, 01/11/08, 02/06/08, 02/27/08, 03/19/08, 04/23/08, 05/08/08  
Individual Psychotherapy Notes, , LPC, Clinic, 12/06/07, 12/21/07, 12/28/07, 01/04/08, 01/11/08, 01/21/08, 01/31/08, 03/07/08, 04/01/08  
Physical Therapy 30-Day/Discharge Re-Evaluation, Center, 12/12/07  
DWC-73, , M.D., 12/14/07  
Examination Evaluation, , M.D., , 12/14/07  
Notice of Disputed Issue(s) and Refusal to Pay Benefits, 01/16/08  
Treatment Summary/Reassessment, , LPC, Clinic, 01/21/08, 04/01/08  
Preauthorization Determination, , 01/28/08  
Examination Evaluation, , M.D., 01/31/08  
Explanation of Review, , 02/08/08  
DWC-69, M.D., 02/14/08  
Maximum Medical Improvement & Impairment Rating Evaluation, Dr. , 02/14/08  
Patient Exit Survey, 02/14/08  
Initial Functional Capacity Test, , PT, 02/27/08  
DWC-73, , M.D., 03/17/08  
Examination Evaluation, M.D., 03/17/08  
History and Physical for Work Hardening, Dr. 03/19/08  
Letter of Medical Necessity, Dr. , 03/19/08  
Referral for treatment, Clinic, 04/04/08  
Letter of Clarification: Additional medical post DD appointment, TDI, 04/08/08  
Patient Face Sheet, Clinic, 04/15/08  
Pre-Authorization Request, Dr. , Clinic, 04/15/08, 05/01/08  
Letter from M.D. to TDI, 04/16/08  
Work Hardening, Dr. Week of 04/17/08 – 04/23/08 & Week of 04/25/08 – 05/02/08  
Work Hardening Daily Notes, , PT, Clinic, 04/17/08, 04/18/08, 04/21/08, 04/22/08, 04/23/08, 04/25/08, 04/28/08, 04/30/08, 05/01/08, 05/02/08  
Group Therapy Notes, , LPC, 04/17/08 - 04/23/08, 04/25/08, 05/02/08  
Denial, PhD., 04/17/08  
Letter from (Claims Service Officer) to adjuster, 04/18/08

Group Therapy Notes, , PTA, Clinic, 04/18/08, 04/21/08, 04/22/08, 04/28/08, 04/30/08, 05/01/08

Adverse Determination , 04/21/08, 05/09/08

Interim Functional Capacity Test , PT, 04/29/08

Reconsideration , LPC, 05/01/08

Request for IRO, 05/19/08

Notice of Assignment of Independent Review Organization, TDI, 06/09/08

Patient Information Sheet, Unknown & Undated

Comments Sheet, Unknown & Undated

The ODG Guidelines were not provided by the carrier or the URA

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient injured her right wrist on xx/xx/xx. Forms of treatment include work hardening, physical therapy, psychotherapy, and the patient has also been taking antidepressants. An MMI date of 02/14/08 with a 4% whole person impairment was assigned.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The six requested sessions are medically reasonable and necessary based on **ODG Guidelines**.

ODG Psychotherapy Guidelines: 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 percent relapse rate with antidepressants versus 25 percent with psychotherapy). (DeRubes, 1999) (Goldapple, 2004) An additional study found that combined therapy (antidepressant plus psychotherapy) was found to be more effective than psychotherapy alone. (Thasc, 1997) A recent meta-analysis concluded that psychological treatment combined with antidepressant therapy is associated with a higher improvement rate than drug treatment alone. The gold standard for the evidence based treatment of MDD is a combination of medication (antidepressant) and psychotherapy. **ODG Psychotherapy Guidelines:** Initial trial of six visits over six weeks. With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks.

ODG Recommended. Mind/body intervention programs have been shown to reduce perceived stress and anxiety. One clinical trial on college students tested the effect of a mind/body intervention (consisting of six 90 minute group training sessions in relaxation response and cognitive behavioral skills) to reduce stress and found that significantly greater reductions in psychological distress, anxiety, and perceived stress were found in the experimental group. (Deckro, 2002)

Cognitive therapy for general stress: ODG Recommended. Stress management that includes cognitive therapy has the potential to prevent depression and improve psychological and physiological symptoms. As with all therapies, an initial trial may be warranted, with continuation only while results are positive. (Mino, 2006) (Granath, 2006) (Siversten, 2006)

Cognitive Therapy is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short term effect on pain interference and long term effect on return to work. The following "stepped care" approach to pain management that involves psychological intervention has been suggested:

Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention.

Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point, a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy.

Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. See also ODG Cognitive Behavioral Therapy (CBT) Guidelines for low back problems. (Otis 2006) (Townsend, 2006) (Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005)

While the ODG literature is clear on low back injuries, it can be generalized that similar treatment would apply to other injuries with similar risk factors for delayed recovery.

Behavioral treatment, ODG Recommended, Behavioral treatment may be an effective treatment for patients with chronic low back pain, but it is still unknown what type of patients benefit most from what type of behavioral treatment. Some studies provide evidence that intensive multidisciplinary bio-psycho-social rehabilitation with a functional restoration approach improves pain and function. (Newton-John, 1995) (Hasenbring, 1999) (van Tulder-Cochrane, 2001) (Ostelo-Chochrane, 2005) (Airaksien, 2006) (Linton, 2006) (Kaapa, 2006) (Jellema, 2006) Recent clinical trials concluded that patients with chronic low back pain who followed with intervention and exercise programs improved significantly in muscle strength compared with patients who underwent lumbar fusion or placebo. (Keller, 2004) (Storheim, 2003) (Schonstein, 2003) Multidisciplinary biopsychosocial rehabilitation has been shown in controlled studies to improve pain and function in patients with chronic back pain. However, specialized back

pain rehabilitation centers are rare and only a few patients can participate on this therapy. It is unclear how to select who will benefit, what combinations are effective in individual cases, and how long treatment is beneficial, and if used, treatment should not exceed two weeks without demonstrated efficacy (subjective and objective gains). (Lang 2003) A recent RCT concluded that lumbar fusion failed to show any benefit over cognitive intervention and exercises, for patients with chronic low back pain after previous surgery for disc herniation. (Brox, 2006) Another trial concluded that active physical treatment, cognitive-behavioral treatment, and the two combined each resulted in equally significant improvement, much better compared to no treatment. (The cognitive treatment focused on encouraging increased physical activity.) (Smeets, 2006) For chronic LBP, cognitive intervention may be equivalent to lumbar fusion without the potentially high surgical complication rates. (Ivar Brox-Spine, 2003) (Fairbank-BMJ, 2005) See also Multi-disciplinary pain programs in the Pain Chapter.

ODG cognitive behavioral therapy (CBT) guidelines for low back problems:  
Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these “at risk” patients should be physical therapy exercise instruction, using a cognitive motivational approach to PT.  
Consider separate psychotherapy CBT referral after four weeks if lack of progress from PT alone:

- Initial trial of three to four psychotherapy visits over two weeks
- With evidence of objective functional improvement, total of up to six to ten visits over five to six weeks (individual sessions).

ODG cognitive behavioral therapy (CBT) guidelines for low back problems:  
Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these “at risk” patients should be physical therapy exercise instruction, using a cognitive motivational approach to PT.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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 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 & 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)