

# Independent Resolutions Inc.

An Independent Review Organization

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## **DATE OF REVIEW:**

3/24/08

## **IRO CASE #:**

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

1. Individual medical psychotherapy twice weekly for 90 days
2. Group therapy weekly for 90 days
3. Biofeedback therapy twice weekly for 90 days

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

Board-certified Psychiatrist with additional expertise in chemical dependency

## **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)

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

OD Guidelines

Case notes dated 2/16/08 detailing physician contact and adverse determination

Patient evaluation dated 7/17/07

bone scan report dated 2/13/08

Psychiatric evaluation and preauthorization for treatment request by Dr. Dated 9/19/07

Report of Behavioral Health Inventory (psychological test) dated 10/3/07

MMPI-2 Outpatient Mental Health Interpretive Report dated 10/3/07

Millon Clinical Multiaxial Inventory-III Interpretive Report dated 9/17/07

Fax from Dr. dated 3/19/08 making reference to the medical necessity of requested psychiatric services in view of pending second cervical spinal fusion surgery

Denial letters sent to Dr. dated 2/6/08; 2/15/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The employee is a woman who sustained an injury at work. She was struck in the head by a falling box, causing two cervical herniated disks. She underwent cervical fusion surgery on September 20, 2004. She had no prior psychiatric history, and became severely depressed with chronic pain. She was treated by a psychiatrist and received Zoloft, Xanax, and Wellbutrin for approximately 4.5 years. As of the psychiatric evaluation by Dr. dated 9/19/07, the employee rated her pain as 8 to 10 on a scale of 10. At that time, she was on Wellbutrin 300 mg, Xanax 0.5 mg BID, Ambien 10mg HS, Skelaxin 800mg 2-3 times daily, and Darvocet N 2-4 times daily. Mental status examination on 9/19 revealed subjective complaints of lack of concentration, impaired memory, loneliness, depression, frequent crying spells, hopelessness and helplessness, sleeping difficulty, exhaustion and fatigue. The employee also reported numbness and tingling in both arms, sharp pains in her neck, and migraine headaches. Objective observations describe good grooming, psychomotor retardation, dysphoric mood, and blunted affect. Suicidal ideation without intent or plan. "Becomes confused and disorganized". Memory intact. Concentration, insight and judgment are "somewhat impaired". The employee reported seeing a doctor for pain management at the time of examination. Diagnoses as of 9/19/07 were:

Major depressive disorder, single episode, severe with psychotic features and suicidal ideation

Chronic severe pain disorder, with both psychological factors and a severe neck injury and subsequent surgery

Severe to catastrophic stressors

GAF 42

Dr. recommended individual psychotherapy to improve cognitive processing and encourage initiative and motivation toward rehabilitation and occupational reentry – twice weekly for 90 days. Group therapy to facilitate problem solving and decrease social isolation weekly for 90 days. Biofeedback to reduce pain, muscle spasms, and anxiety. To prevent opiate dependency and consequent confusion and dysphoria twice weekly for 90 days. Psychological testing, 3 hours, no rationale given.

"Prognosis is fair to good with the prescribed treatment plan promoting occupational reentry. Otherwise it is poor."

Reviewer notes that chronic opiate dependency was added as a diagnosis in Dr.'s medical report of 1/29/08. On that date, MD notes continued progress, exceedingly high neck pain, insomnia. Slowly improving mood, more verbal and energetic. Has successfully been detoxified from Darvocet and Xanax. Former treating doctor refused orthopedic referral, "You don't need it", and the employee was seen by another orthopedist for an "emergency evaluation". X-ray revealed failure of bone graft.

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

The employee has been in treatment with Dr. since 9/19/07. At that time, a treatment plan was formulated that included individual and group therapy, biofeedback, and psychological testing. Goals were stated in a somewhat generic manner, and the reviewer finds that one of the goals of biofeedback, "to prevent opiate dependency and consequent confusion and despondency" presumes outcomes that are not specific to biofeedback. Although Dr. describes the employee as becoming "confused and disorganized" in the course of the initial interview, there is no evidence that the patient was psychotic. There does not appear to be credible clinical evidence that the employee merited the diagnosis of major depressive disorder with psychotic features.

The Reviewer notes further that there is no clinical evidence to substantiate Dr.'s diagnosis or opiate dependency made in his medical report dated 1/29/08. He mentions that the employee has been successfully detoxified from Darvocet and Xanax, without elaboration. This is of concern since the original treatment plan included biofeedback with the goal of preventing opiate dependency. Mood was described as "slowly improving", and the employee as "more verbal and energetic."

Therefore, the Reviewer concludes that the employee has made significant progress and that at this point there is little likelihood that she will substantially benefit from the proposed treatment modalities since her psychiatric symptoms as of 1/29/08 have attenuated and her overall condition appears chronic.

The Reviewer considered the ODG in the determination of the case, but as discussed above, the Patient's circumstances were such that the Reviewer determined it was necessary to diverge from the Guidelines.

**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)