

P&S Network, Inc.

8484 Wilshire Blvd, Beverly Hills, CA 90211

Ph: (323)556-0555 Fx: (323)556-0556

Notice of Independent Review Decision

DATE OF REVIEW: March 3, 2008

IRO CASE #:

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

This case was reviewed by a psychiatrist, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Psychotherapy sessions, one times six weeks

REVIEW OUTCOME

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

Overtured (Disagree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o February 18, 2008 through June 3, 2007 peer review reports
- o February 14, 2007 to February 13, 2008 utilization review reports
- o December 28, 2007 through January 23, 2008 peer review reports
- o January 1, 2008 initial behavioral medicine consultation report by MA, LPC
- o February 6, 2008 reconsideration request
- o June 14, 2007 history and physical exam report by M.D.
- o February 22, 2007 lumbar spine MRI report by M.D.
- o March 22, 2007) st MRI report by M.D.
- o June 15, 2007 post arthrogram MRI scan of the right wrist report by M.D.
- o February 14, 2007 wrist and lumbar spine x-ray report by M.D.
- o September 26, 2007 Functional Abilities Evaluation report from Diagnostic Imaging Institute
- o February 27, 2007 through March 21, 2007 daily treatment notes and functional capacity evaluation report from
- o September 26, 2007 designated Dr. evaluation report by M.D.
- o April 4, 2007 chart note by M.D.
- o January 26, 2007 through February 17, 2007 chart notes
- o August 22, 2007 work status report by D.O.
- o October 25, 2007 through January 23, 2008 work status reports and chart note by D.C.
- o December 19, 2007 through January 16, 2008 fax cover sheets and preauthorization requests

- o April 18, 2007 through May 29, 2007 progress notes from Rehabilitation
- o June 6, 2006 operative report by M.D.
- o February 21, 2007 prescription sheet by M.D.

- o May 10, 2007 through January 15, 2008 medical records and work status reports from M.D.
- o May 17, 2007 through December 21, 2007 letter to the injured worker from Department of Insurance
- o February 12, 2007 through July 17, 2007 work status reports and progress reports from M.D.
- o February 1, 2008 electrodiagnostic study report

PATIENT CLINICAL HISTORY (SUMMARY):

According to the medical records, the patient sustained an industrial injury on involving a trip and fall backwards onto a duct. According to a February 18, 2008 peer review report, the patient initially reported low back pain and bilateral wrist pain. He was initially seen at an occupational medicine clinic. He underwent imaging and treatment for his injuries.

On January 31, 2008, a non-certification was rendered for individual psychotherapy, one times six. The history was listed on this report as a male who suffered a work-related back and bilateral wrist injury. He had been treated with conservative care, medications, injections, and surgery. Current medications include Tylenol. A psychological valuation on January 18, 2008 indicated that the patient is experiencing moderate depressive symptoms and moderate symptoms of anxiety. Diagnostic impressions included major depression. The peer-review physician quoted the Official Disability Guidelines and determined that individual psychotherapy was not medically reasonable or necessary. The guidelines state that cognitive behavioral therapy is recommended for patients with sub-acute back pain (not chronic) who may "exhibit evidence of (or are at risk for) delayed recovery. The reviewer noted that the patient is already reporting chronic pain (not acute pain) and there is no concurrent physical therapy treatment for the injury, which is also recommended by the guidelines.

The case was again reviewed on February 8, 2008 and another non-certification rendered. This report notes that the patient currently reports high pain levels, difficulty sleeping, irritability, anger, and tension. His Beck Depression and Anxiety Inventory scores were 23 and 25 respectively. His diagnosis was major depressive disorder. The goals of psychotherapy were to improve mood and coping skills, reduce irritability, frustration and anxiety, reduce Beck scores, improve sleep and identify, challenge, and replace cognitive distortions and improve overall function. The reviewer stated that there were not significant norm reference measures completed to fully evaluate the patient's psychological status. The reviewer stated that the request is premature and not medically necessary.

The licensed psychologist responded to this peer review report on February 13, 2008. She stated that the reviewer concluded that he thought it clinically prudent to pursue testing at this point to clarify clinical concerns and questions before considering individual psychotherapy. She stated that while psychological testing may be informative, one might be able to predict that giving his reported distress, his presentation, and his demographic, test results may not be valid (may result in a "cry for help" response pattern).

The records contain a xx/xx/xx an initial behavioral medicine consultation report. The report states that the patient was referred for assistance with the development of a realistic treatment plan to expedite the patient's recovery, including determining his suitability for some level of behavioral medicine treatment. He reported his pain level as being an 8/10. He stated that he has no history of mental disorders or emotional issues impacting his independent functioning prior to the injury of xx/xx/xx. He reported difficulty with activities of daily living. He stated that his level of overall functioning prior to the injury was 100% and his current level of overall functioning was 0%. He described a severe level of functioning disability. He endorses both initial and sleep maintenance insomnia, currently sleeping sometime between six and seven fragmented hours per night. He reported an increase in weight of 15 pounds since the injury. His mood was dysthymic and anxious. His affect was constricted. He was diagnosed with major depressive disorder secondary to the work injury with a current GAF of 58 and an estimated pre-injury score of 85+. Goals included reducing the BDI score from 23 to 15 or less and reduce the BAI score from 24 to 15 or less.

A February 6, 2008 reconsideration letter was submitted for review by the provider. The letter notes that the patient is doing physical therapy twice per week and cognitive behavioral therapy is recommended when combined with active physical therapy and demonstrable progress is being made according to the ODG. In summary, the letter states that based on the attached clinical information, it has been determined that a brief stint of individual psychotherapy would stabilize the patient's active mood disturbance and enhance his ability to benefit from prescribed treatment by improving his coping skills to manage injury-related psychosocial stressors.

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

According to the Official Disability Guidelines, low back chapter, behavioral treatment is recommended as an option for patients with chronic low back pain and delayed recovery. It is clear that the patient has not responded adequately to physical therapy or other treatment. In addition, the psychologist has stated that further psychological testing may not be valid. Based on the patient's subjective and objective findings upon initial behavioral medicine consultation, his lack of response to physical therapy, and the evidence base guidelines, initiation of six visits of individual psychotherapy is appropriate. Therefore, my determination is to overturn the decision to non-certify psychotherapy sessions, one times six weeks.

The IRO's decision is consistent with the following 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

Official Disability Guidelines (2008):

Behavioral treatment:

Recommended as option for patients with chronic low back pain and delayed recovery. Also recommended as a component of a Chronic pain program (see the Pain Chapter). Behavioral treatment, specifically cognitive behavioral therapy (CBT), 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-Cochrane, 2005) (Airaksinen, 2006) (Linton, 2006) (Kaapa, 2006) (Jellema, 2006) Recent clinical trials concluded that patients with chronic low back pain who followed cognitive 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 2 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.