



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

DATE OF REVIEW: May 13, 2008

IRO Case #:

Description of the services in dispute:

Medical Necessity of Four (4) sessions individual counseling.

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

The Psychologist who performed this review is licensed in Psychology by the state of Texas. This reviewer is a Diplomate of the American College of Forensic Examiners. They also hold a master certification in Neuro Linguistic Programming. The reviewer provides services for both adult and pediatric patients within their practice. The reviewer has been in active practice since 1976.

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.

The requested Four (4) sessions of individual counseling are not medically necessary.

Information provided to the IRO for review:

Request for IRO 4/21/08 3 pages

Denial determination 3/10/08 3 pages

Denial determination 3/28/08 2 pages

Records Received from the URA

Notice of IRO assignment 4/28/08 1 page

Brief narrative from Health Care 2/29/08 3 pages

Patient evaluation 12/10/07 4 pages

Fax coversheet to Precertification department 3/1/08 1 page

Request for appeal 3/25/08 2 pages

ODG Guidelines were not included for review.

Patient clinical history [summary]:

The patient is a male who sustained an injury to the low back. He reported while working on an air-conditioning unit, he bent over and felt a pop in the low back and the left hip. Notes indicate he continued to work for 2 weeks after the injury, but has not worked since.

Treatment to date has included several diagnostics studies, use of medications, active and passive physical therapy (pre and post operative), injections, 8 weeks of work hardening with individual psychotherapy and underwent surgery in 7/07. Per the patient none of the treatment was beneficial but also states since the surgery his pain is not constant.

In 12/07 the patient was seen for a psychological evaluation. At that time medications included Oxycontin 750 mg one every 12 hours and Hydrocodone 500 mg every 4 hours. His complaints included pain interference with activities, intermittent sleep disruption but overall good quality sleep, moderate fatigue 50% of the time and worry. Beck depression and anxiety inventories were completed; scores were 16 and 15 respectively. Mental status examination revealed the patient to be cooperative and interactive, normal mood and behavior, normal thought process and good short and long-term memory. The notes indicate the patient reported no prior mental health issues and no prior mental health treatments. Diagnostic impression was chronic pain, depression and anxiety all resulting from the work related injury. The recommendation at that time was for participation in a work hardening program

Subsequently there is a letter of medical necessity from LPC recommending the patient participate in 4 sessions of individual psychotherapy. Goals were to stabilize depressed and anxious mood, to teach independent utilization of pain management skills, improve coping skills and reduce the patient's maladaptive beliefs. She reports a clinical history that includes increasing stress and anxiety along with bouts of depression resulting from the injury.

On 3/10/08 Dr. performed an initial utilization review. He reviewed the information provided and concluded per the findings on psychological evaluation, work hardening was being recommended

and the request was for individual psychotherapy. A peer to peer was completed and the services were denied. The reason is unclear.

A letter and request for appeal was submitted on 3/25/08. It was indicated individual psychotherapy was in fact being requested to introduce a cognitive behavioral approach to adding activity, promotion of stress management, coping skills training, relaxation skills and guided imagery to improve pain tolerance. Ms. indicated the previously recommended work hardening program had been denied.

On 4/4/08 the appeal request was reviewed by Dr.. She indicated the records provided for her review indicated the patient had in fact participated in work hardening in 12/07-1/08. The services were denied for minimal psychological factors and clinical presentation not meeting with evidence based guidelines, ODG to be more specific.

A request is now made for independent review.

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

I agree the services are not medically necessary. The patient has minimal objective evidence of psychological factors impacting the course of treatment. The goals of treatment are also not specific and do not appear to be addressing the identified problems. Based on the documentation provided, objective and subjective findings this request is not medically necessary.

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

1. Official Disability Guidelines, Return To Work Guidelines (2007 Official Disability Guidelines, 12th edition) Integrated with Treatment Guidelines (ODG Treatment in Workers' Comp, 5th edition)
Accessed Online