



Notice of Independent Review Decision

DATE OF REVIEW: 11/25/08

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

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

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

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 six sessions of individual psychotherapy.

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx years

Gender: Male

Date of Injury: xx/xx/xx

Mechanism of Injury: Knocked to the ground by wind while carrying a sheet of plywood.

Diagnosis: Lumbar strain, lateral meniscal tear and chronic pain syndrome.

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

This xx-year-old male sustained a work-related injury on xx/xx/xx, when he was caught by the wind while carrying a sheet of plywood and knocked to the ground, injuring his lower back and right knee. A subsequent MRI revealed some mild posterior bulging at L4-5 and L5-S1 extending laterally. An MRI scan of the right knee revealed an anterior cruciate ligament and lateral meniscus tear. Since the injury, the claimant had undergone treatment from multiple modalities. More recently, he had completed 25 sessions of chronic pain management program (CPMP) and has proceeded to DARS for vocational rehabilitation. During the CPMP, the claimant had been through a pain and stress management program and participated in weekly vocational, pain management, stress management, and family/recreation groups. He also participated in individual psychotherapy sessions. The claimant made significant progress in treatment. His Beck Depression Inventory score was reduced to 10 from a prior score of 18. His Beck Anxiety Inventory score came down to 4 from a prior score of 17. On the sleep questionnaire, he scored 25, a much lower score than his original of 52. His pain level had also decreased significantly. As per submitted medical records, the provider admitted that the claimant's depression and anxiety were not significantly elevated and it was just a routine to request for follow-up individual aftercare sessions after completion of the CPMP. This is an appeal for the prior denial of six sessions of individual psychotherapy, which should be upheld as the claimant had already completed primary, secondary, and tertiary levels of care. He had reached maximum benefit from psychotherapy and reached his baseline status. He has already learned the necessary coping and pain management skills. There is no reasonable expectation that the claimant would improve further from continued psychotherapy. The Official Disability Guidelines are supportive of this determination: Psychotherapy in the context of a chronic pain condition, is indicated only when there is an "appropriately identified patient." [Work Loss Data Institute. (2008). Pain. Official Disability Guidelines. Encinitas , CA]. 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:

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
- X** ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.
Official Disability Guidelines (ODG): Stress related conditions and other Mental Disorders
- 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).