

# MATUTECH, INC.

PO Box 310069  
New Braunfels, TX 78131  
Phone: 800-929-9078  
Fax: 800-570-9544

---

## Notice of Independent Review Decision

**DATE OF REVIEW:** October 3, 2008

**IRO CASE #:**

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

Six sessions of individual psychotherapy, once every week for six weeks

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

**DECISION** International Neuropsychological Society  
American Psychological Association

**REVIEW OUTCOME**

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

Upheld (Agree)

Medical documentation does not support the medical necessity of six sessions of individual psychotherapy, once every week for six weeks

**ODG HAS BEEN UTILIZED FOR THE DENIALS**

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

The patient is a xx-year-old female who suffered a work-related injury on xx/xx/xx. While operating a machine, the press came down and hit her on the right elbow. She was evaluated and treated by the company doctor with x-rays, magnetic resonance imaging (MRI), and injections to the elbow.

On November 27, 2007, D.C., evaluated the patient for pain in the right elbow. The patient reported a palpable mass over the right elbow and had undergone

surgery. She was utilizing medications and using EMS-400, which provided pain relief. Examination showed a palpable mass at the right lateral epicondyle, decreased range of motion (ROM) at the right elbow, decreased muscle strength in the right upper extremity, positive Cozen test, and positive varus and valgus tests on the right elbow. Diagnoses were status post right elbow and lateral epicondylitis. Dr. advised the patient to continue the use of EMS unit, proceed with chronic pain management program (CPMP), and to stay off work.

On July 17, 2008, the patient was seen by, M.S., L.P.C., for mood disturbance,

sleep disorder, vocational concerns, psychosocial stressors, and physical limitations. She was initially treated for depression, dysfunction, and return to work impairments. Per Dr., the patient underwent radiodiagnostic studies including MRI of the lumbar spine, which showed disc desiccation, moderate posterior disc bulge at L3-L4 with narrowing of the central canal, annular tear at L4-L5 with mild disc bulge and small Schmorl's nodes at L1, L2, and L3. MRI of the right elbow revealed mild lateral epicondylitis; electromyography/nerve conduction velocity (EMG/NCV) was unremarkable; functional capacity evaluation (FCE) was performed where the patient qualified for the light physical demand level (PDL) status and was recommended work hardening program (WHP); and in another FCE she qualified for light-to-medium PDL and was recommended for chronic pain management program (CPMP) and physical therapy (PT). The patient had received the following treatments: Rest, off work, exercise program, aqua therapy, WHP, 10 sessions of work conditioning program (WCP), PT; EMS unit, hospital care, three epidural steroid injection (ESI); surgery (right lateral epicondylectomy plus repair of the extensor carpi radialis brevis tendon, and knee surgery), chiropractic treatment, six sessions of psychotherapy, and medication management. The patient had been assigned

12% whole person impairment (WPI) rating in 2006. The patient was currently utilizing Darvocet and Lorcet for pain management, Fluoxetine for depression, and Tylenol for arthritis. The patient scored 19 on Beck Depression Inventory (BDI) and 22 on Beck Anxiety Inventory (BAI). Dr. diagnosed major depressive disorder, severe, related to injury and occupational problem; pain disorder associated with work-related injury and psychological factors; and elbow pain. She recommended six sessions of individual psychotherapy over a period of six weeks.

On July 21, 2008, the pre-authorization request for six sessions of individual psychotherapy was denied with the following rationale: *"The clinical indication and necessity of this procedure could not be established. The evaluation of July*

*17, 2008, finds impression of pain disorder and major depressive disorder; and a chronic pain condition is informed. The patient was actually evaluated previously. Ms. indicates that an "update" to the evaluation was done; but there is no evidence that the patient was actually seen on July 17, 2008, since the report is exactly the same, save changes in the treatment recommendations. This patient actually received a course of psychotherapy in 2006 for this problem, but despite a report that it was helpful, the patient has remained disabled, suggesting this course of action was, in fact, not effective. The evaluation does not support the diagnoses since there is no differential psychological testing utilized. The utilized psychometric instruments are inadequate/inappropriate to elucidate the pain problem, explicate any psychological dysfunction or support differential diagnosis in this case. I observe that the patient worked at modified duty for nearly a year after the injury, and this was discontinued only secondary*

*to the being laid off. Yet despite this treatment there have been no attempts to find other work, the patient citing pain complaints for eschewing other jobs. Such pain complaints apparently did not keep her from holding down a job for an extended period of time before being laid off. The characterization of being disabled because of a lay off raises questions with respect to the nature and validity of the complaints and its relation to the claimed disability. Yet there is no*

*psychometric or other analysis of this problem. Providing psychotherapy in this context is clearly inappropriate. Upon questioning, the provider could offer no explanation for maintenance of the patient's pain behavior or disability, other than she continues to be "depressed". Since this was not reliably assessed, this is not a causal explanation for the complaints. The proposed treatment, with exception of the sleep, offers goals that are proposed to be assessed subjectively and psychometrically. A change in test scores or other subjective measures is insufficient to demonstrate clinically meaningful progress or effectiveness of the therapy."*

On August 14, 2008, the request for reconsideration of six sessions of individual psychotherapy was denied with the following rationale: *"There is no information provided concerning the patient's response to previous psychological interventions and no assessment of the factors that may have contributed to the patient's inability to benefit from two previous therapeutic programs. Without an adequate psychological evaluation, the appropriateness of the requested treatment could not be determined (Guidelines for the assessment and management of the chronic pain). The patient's inability to benefit from previous psychological interventions indicates a poor prognosis for the requested treatment. Research indicates the longer the duration of the pain and the greater the number of previous treatments, the worse the prognosis. Guidelines indicate psychological treatment be provided to appropriately identified patients." Conclusion: Based on documentation and information provided this request for individual psychotherapy does not meet guidelines and is not reasonable.*

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

The documentation indicates that the claimant had a previous trial of 6 sessions of individual psychotherapy without improvement in functional abilities. The claimant would also have had psychological services as part of a work hardening program. Such services are required as part of the work hardening program. There is no indication in the documentation that functional abilities improved as a result of that treatment as well. There is no justification to continue repeating a treatment that has been ineffective. The ODG recommends a trial of 6 sessions of individual psychotherapy for the treatment of depression. Treatment may be continued if there is documented improvement on objective and subjective measures of functional abilities. Symptomatic improvement alone, would not justify continued treatment. Based on the documentation provided and the literature upon which the ODG recommendations are based, the medical necessity of the request cannot be certified.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**