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Notice of Independent Review Decision

DATE OF REVIEW: 10/1308

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

6 sessions of individual psychotherapy

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

Licensed in Psychology

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.

6 sessions of individual psychotherapy - Upheld

PATIENT CLINICAL HISTORY **(SUMMARY):**

The patient sustained an ankle injury inxx/xx. She was treated with physical therapy, injections and psychotherapy and was placed at Maximum Medical Improvement (MMI) in August of 2006 without impairment and was also diagnosed with Major Depressive Disorder in addition to a pain disorder associated with both psychological factors and a general medical condition. Her most recent medications include Aspirin, Ibuprofen,

Effexor and Lunesta, as well as other non injury related medications.

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

The patient has had in excess of 24 visits of psychotherapy during 20 days of a pain program and it is unknown how many treatment sessions she had prior to beginning the pain program. A chronic pain program is to be provided per the ODG Guidelines when “Previous methods of treating the chronic pain have been unsuccessful.” A lower level of care including psychotherapy should have been exhausted prior to beginning a pain program. Also, the ODG indicates that cognitive behavioral therapy is reasonable “With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions).” The patient has already had more sessions than recommended.

The treatment goals are inappropriate as a reduction on the BDI-11 of 3 points on an already non-significant score for depression is not necessary. Depression does not appear to be present given the score of 6.

The patient should have received sleep hygiene training while in the pain program. A reduction of the shoulder pain and Disability Index Score is not an appropriate injury related goal. The goal of decreased affected areas on the Knee Outcome Survey should also have been accomplished while the patient was in a pain program receiving both physical therapy and psychological treatment as part of a multidiscipline approach. The ODG Guidelines for cognitive behavioral therapy for fear avoidance beliefs are to be provided in conjunction with physical therapy and only continued with evidence of objective functional improvement.

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)**