



Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 4/20/09

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for (90806 IPT) Individual Psychotherapy, once a week for 6 weeks.

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

A Texas licensed Psychologist

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 (90806 IPT) Individual Psychotherapy, once a week for 6 weeks.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Fax Cover Sheet dated 4/13/09, 410/09.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 4/10/09.
- Company Request for Independent Review Organization dated 4/10/09.
- Request for a Review by an Independent Review Organization (unspecified date).
- Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 4/13/09.
- Determination Notification Letter dated 4/8/09, 3/9/08.
- Reconsideration: Behavioral Health Individual Psychotherapy Pre-Authorization Request Form/Report/Correspondence dated 3/30/09.
- Initial Behavioral Medicine Consultation Report/Addendum dated 1/23/09.
- Required Medical Examination Report/Letter dated 3/5/09.

There were no guidelines provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Male

Date of Injury: xx/xx/xx

Mechanism of Injury: Trying to adjust a heavy wire basket with a 4x4 pole

Diagnosis: Cervical and lumbar strain

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

The claimant is a xx year-old male who was injured on xx/xx/xx. The mechanism of injury was standing, reaching and twisting while adjusting a heavy wire basket with a pole. The diagnoses included cervical and lumbar strains and chronic pain syndrome. He has had conservative care since that time. There was documentation that he completed a Functional Capacity Evaluation (FCE) in 2007, and was at maximum medical improvement (MMI) on 9/4/07. He has been seen regularly for office visits and medications per Dr. . The claimant was referred for an Initial Psychological Evaluation, which was completed on 1/23/09. Six sessions of individual psychotherapy was requested on 3/3/09. The request was denied on 3/6/09 due to lack of severity of psychological symptoms, and lack of documentation of physical therapy. The denial was appealed and reviewed again on 4/7/09. The documentation was reviewed and the case was discussed with the requesting provider. The reviewer denied approval for treatment due to concluding that in the absence of psychological symptom severity, the claimant should be considered as having chronic benign pain syndrome. This syndrome does not show evidence for responsiveness to cognitive behavioral treatment,

which is the treatment that is indicated when workers demonstrate depression, anxiety, or post traumatic stress disorder (PTSD) related to their work-related injury. He was seen for a Required Medical Exam on 3/09/09, that also indicated the claimant should only be receiving conservative care that included doctor visits and medications. The ODG supports psychological treatment of appropriately identified patients. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. The ODG recommends cognitive therapy for depression, PTSD and panic disorder. The documentation submitted for review and the responses from the requesting provider did not meet these criteria. The claimant is now almost 3 years from his date of injury, he had FCE results that showed capacity for medium-strength jobs, and he was at MMI. Since 2007, he has apparently developed compensatory strategies to function with chronic pain. Any further treatment should be directed by his treating physician and focused on activities of daily living (ADL's) and accessing vocational training options with Department for Rehabilitation Services (DARS).

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.
- ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.

Official Disability Guidelines, (ODG) Treatment Index, 7th Edition, 2009, Stress-Cognitive therapy.

- 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).