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Notice of Independent Review Decision

DATE OF REVIEW: December 4, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

(90806) Individual psychotherapy 1 x 6 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:

X Overturned (Disagree)

Medical documentation **supports** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Office visits (08/31/09 - 11/02/09)
- Diagnostics (09/02/09)
- Utilization reviews (10/12/09 - 11/09/09)

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- Environmental intervention (11/09/09)
- Utilization reviews (10/12/09 - 11/09/09)

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- Office visits (08/31/09 - 11/02/09)
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- Utilization reviews (10/12/09 - 11/09/09)

ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female, who tripped on a plastic wire on the floor and fell forward landing on her left knee and then caught herself with her right hand on xx/xx/xx.

In August, the patient was evaluated by D.O., for right wrist and hand pain, and left knee pain with numbness and tingling. She was wearing a right wrist cast. Examination of the left knee revealed decreased range of motion (ROM), effusion, and hematoma secondary to the left knee contusion. Apley's, Smiley's, and patellar grind tests were positive. Dr. assessed right wrist and hand sprain/strain, left knee sprain/strain, left knee contusion, left knee hematoma, scaphoid and distal radial fracture of the right hand and wrist, probable internal derangement of the right wrist and hand, left knee effusion, and probable internal derangement of the left knee. He released the patient to light duty with sedentary work for the next 30 days.

Magnetic resonance imaging (MRI) of the left knee revealed probable tear of the medial meniscus and possible mild articular cartilage thinning in the medial compartment. MRI of the right wrist revealed mildly comminuted intraarticular fracture of the distal radius.

In September, the patient was evaluated by MS, LPC. The following treatment history was noted: *Following the injury the patient was evaluated by company doctor and was given a sling for her arm. Subsequently the patient was seen at emergency room (ER) and underwent diagnostics of the wrist and knee. The patient was referred to Dr. On examination, Ms. noted that the patient reported pain level, 4-9/10. She scored 17 on beck depression inventory (BDI) indicative of moderate depression and 8 on the beck anxiety inventory (BAI) indicative of mild anxiety. The patient was diagnosed with adjustment disorder with mixed anxiety and depressed mood secondary to the work injury and was recommended participation in a brief low level of individual psychotherapy for six weeks.*

Per utilization review dated October 12, 2009, six visits of individual psychotherapy were denied. Rationale: *"A request was really received for psychological treatment. Submitted documentation indicated the patient was injured on xx/xx/xx, about xxxx months ago. ODG guidelines provide for psychological treatment related to chronic pain. The referred patient appears to be still in the acute phase of treatment (IASP). She has not yet seen a psychologist and has not received any objective psychological/validated testing which includes validity scales as recommended by ODG. Treatment in ODG is categorized by diagnosis; therefore a credible diagnostic formulation is of the greatest importance for evaluation and treatment planning. As reported in ODG, psychological testing an extremely valuable method of introducing objectivity, credibility, and comprehensiveness into the diagnostic process, if it is used in a scientifically credible fashion. Submitted medical documentation included a medical report dated August 31, 2009. This report included no information regarding mental status examination, impaired mental status, or medical documentation explaining how the patient requires the referral to a psychologist. Basic pain levels are not reported and no mention is made of sleep impairment, psychological impairment related to pain, etc. The specific basis for referral to a*

counselor by the treating physician was not provided. Based on submitted documentation the referral for psychological treatment should be denied. A credible diagnosis has not been established and the patient has not completed validated/objective psychological testing which includes validity scales. In addition it appears that the patient is still in the acute phase of recovery."

In October, Dr. evaluated the patient for persistent pain and discomfort in a right wrist and right hand and increasing complaints of the left knee. The patient was following-up with Dr. and was scheduled for surgery of her knee. Examination of the right hand, wrist, and left knee was unchanged as compared to the previous. Dr. recommended continuing light duty with sedentary work, repeat x-rays of right hand and right wrist, and following up with Dr.

MS, LPC, from Health Treatment responded to the denial as follows: "ODG not only provides for psychological treatment of chronic pain, but also for acute conditions.

Dr. requested four visits of individual psychotherapy.

Per utilization review dated November 9, 2009, appeal for six sessions of individual psychotherapy was denied with following rationale: *"The request for reconsideration individual psychotherapy one per week for six weeks is not recommended as medically necessary. The patient has not been assessed for psychotropic medications and is not currently taking any medications to treat psychological symptoms. The patient's psychological symptoms are relatively mild, and individual psychotherapy is not indicated as medically necessary"*.

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

THE CLAIMANT WAS INJURED WHEN SHE TRIPPED AND FELL ON XX/XX/XX. DURING TREATMENT HER PRIMARY TREATING PHYSICIAN NOTED SYMPTOMS OF ANXIETY AND DEPRESSION. SHE WAS REFERRED FOR A PSYCHOLOGICAL EVALUATION, THE EVALUATION CONFIRMED THE PATIENT'S REPORT OF SYMPTOMS CONSISTENT WITH DEPRESSION AND ANXIETY. THIS WAS NOTED IN DESCRIPTIONS OF CHANGES IN HER BEHAVIOR AT HOME AND WORK. HER RESPONSES ON A SELF REPORT MEASURE OF ANXIETY AND ON A MEASURE OF DEPRESSION SUGGESTED MILD ANXIETY AND MODERATE DEPRESSION. 6 SESSIONS OF INDIVIDUAL PSYCHOTHERAPY WERE REQUESTED TO TREAT THE ADJUSTMENT DISORDER. THE REQUESTED SERVICES WERE SUPPORTED BY THE FOLLOWING ODG CRITERIA:

Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psychotherapy). (DeRubeis, 1999) (Goldapple, 2004) It also fared well in a meta-analysis comparing 78 clinical trials from 1977 -1996. (Gloaguen, 1998) In another study, it was found that combined therapy (antidepressant plus psychotherapy) was found to be more effective than psychotherapy alone. (Thase, 1997) A recent high quality study concluded that a substantial number of adequately treated patients did not respond to antidepressant therapy. (Corey-Lisle, 2004) A recent meta-analysis concluded that psychological treatment combined with antidepressant therapy is associated with a higher improvement rate than drug treatment alone. In longer therapies, the addition of psychotherapy helps to keep patients in treatment. (Pampallona, 2004) For panic disorder, cognitive behaviour therapy is more effective and more cost-effective than medication. (Royal Australian, 2003) The gold standard for the evidence based treatment of MDD is a combination of medication (antidepressants) and psychotherapy. The

primary forms of psychotherapy that have been most studied through research are: Cognitive Behavioral Therapy and Interpersonal Therapy. (Warren, 2005)□

ODG Psychotherapy Guidelines: 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)

In addition: Beck, A., Rush, A. J., Shaw, B. F., & Emery, G. (1979) COGNITIVE THERAPY OF DEPRESSION. New York: The Guilford Press. Cognitive therapy is an active, directive, time-limited, structured approach used to treat a variety of psychiatric disorders (for example, depression, anxiety, phobias, pain problems, etc.)□ pg. 3

Interventions utilizing behavior therapy, cognitive behavior therapy, and interpersonal therapy have all yielded substantial reductions in scores on the two major depression-rating scales and in a percentage of patients meeting MDD criteria posttreatment; all three have also produced significant maintenance of effect after discontinuation of treatment. Summary of Treatments That Work (pp. xvii). In A GUIDE TO TREATMENTS THAT WORK. (pp. 593-609). Nathan, P. E. & Gorman, J. M. Oxford University Press: New York.

The basis of the denial that objective psychological testing had not been performed and that the injury was still in the acute phase are not relevant to the medical necessity of the services being requested. The documentation supported the diagnosis of an adjustment disorder with mixed anxiety and depressed mood for which individual psychotherapy is medically reasonable treatment. The basis of the appeal's denial that psychotropic medications had not been prescribed also does not address the medical necessity of the treatment. Therefore it is my opinion that the denial of the request should be overturned. Six sessions of individual psychotherapy can be supported as medically necessary.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES