



5068 West Plano Parkway Suite 122  
Plano, Texas 75093  
Phone: (972) 931-5100

**DATE OF REVIEW:** 02/05/2009

**IRO CASE #:**

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

Six sessions of individual psychotherapy to be rendered one time a week for six weeks.

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

This case was reviewed by a Texas licensed PHD, specializing in Psychology. The physician advisor has the following additional qualifications, if applicable: n/a

**REVIEW OUTCOME:**

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

Upheld

<b>Health Care Service(s) in Dispute</b>	<b>CPT Codes</b>	<b>Date of Service(s)</b>	<b>Outcome of Independent Review</b>
Six sessions of individual psychotherapy to be rendered one time a week for six weeks.	90806		Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

<b>No</b>	<b>Document Type</b>	<b>Provider or Sender</b>	<b>Page Count</b>	<b>Service Start Date</b>	<b>Service End Date</b>
1	Peer Review Report		4	12/02/2008	12/04/2008
2	Initial Diagnostic Screening	M.S., L.P.C.	7	04/04/2008	04/04/2008
3	PreAuth Request	Health Associates	1	11/25/2008	11/25/2008
4	Initial and Appeal Denial Letters		6	12/02/2008	12/09/2008
4	IRO Request	Texas Department of Insurance	12	01/20/2009	01/21/2009

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

The claimant is a female who on xx/xx/xx suffered a work related back injury with lower extremity pain in her lower back and both legs. Claimant's submission was by M.S., L.P.C. .The claimant was treated with conservative care, medications, injections, multiple surgeries, a spinal cord stimulator and individual psychotherapy. A psychological assessment on 04/04/08 indicated that the claimant was experiencing severe depressive symptoms and severe symptoms of anxiety. The evaluation also reported that the claimant continues to work part-time at another job and she receives a Social Security Disability Pension. Reviewers noted that the request for additional individual psychotherapy did not provide sufficient objective psychological data and did not provide any evidence of functional improvements from previous individual psychotherapy sessions. One reviewer noted that "the claimant's injury is quite old and it is unlikely that additional biopsychosocial intervention would assist her at this time". The request was for six additional sessions of individual psychotherapy. This request was denied by two reviewers.

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

This request did not provide: (1) evidence of functional improvement from previous psychotherapy sessions, (2) an updated assessment of the severity of the patient's psychological symptoms after the initial sessions were completed (3) evidence that this is an appropriately identified patient for the requested treatment. The request is not consistent with current ODG concerning the use of individual psychotherapy for this type of injury. Based upon the evidence provided in ODG and other treatment guidelines for the treatment of chronic pain, this request for 6 additional sessions of individual psychotherapy is not medically necessary. Given the information provided, the claimant is a poor candidate for additional individual psychotherapy. The information provided for this review indicates the requested procedure is not medically necessary.

### **ODG cognitive behavioral therapy (CBT) guidelines for low back problems:**

Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See [Fear-avoidance beliefs questionnaire \(FABQ\)](#).

Initial therapy for these "at risk" patients should be [physical therapy exercise](#) instruction, using a cognitive motivational approach to PT.

Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone:

- Initial trial of 3-4 psychotherapy visits over 2 weeks
- With evidence of objective [functional improvement](#), total of up to 6-10 visits over 5-6 weeks (individual sessions)

The guidelines state that additional psychological treatments should only be provided "with evidence of functional improvement" from previous psychological treatments (Work Loss Data Institute, ODG, Guidelines, 2009).

Psychotherapy in the context of a chronic pain condition is indicated only when there is an "appropriately identified patient." (Work Loss Data Institute, ODG, 2009).

The guidelines state that additional psychological treatments should only be provided "with evidence of functional improvement" from previous psychological treatments (Work Loss Data Institute, ODG, Guidelines, 2009). The documentation for this request provided no evidence of functional improvement from previous psychotherapy sessions. There was no updated assessment of the severity of the patient's psychological symptoms after the initial psychotherapy sessions were completed. The patient's inability to benefit from previous individual psychotherapy present a poor prognosis for the requested treatment. This patient is reporting chronic pain and the evaluation implies a Pain Disorder. ODG recommend cognitive behavior therapy (CBT) for patients with sub-acute back pain (not chronic) who may "exhibit evidence of (or are at risk for) delayed recovery. CBT is recommended when combined with active PT and is demonstrable progress is being made (Work Loss Data Institute, ODG 2008; Warren, P. et. al., 2006). The patient was already reporting chronic pain (not acute pain) and there was no concurrent PT treatment of this injury.

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

ODG: Mental Health, Pain and Back Chapters

Natalie Joss  
4324 Snead Dr.  
San Antonio, TX 78217