



Medical Review Institute of America, Inc.  
America's External Review Network

DATE OF REVIEW: January 20, 2009

IRO Case #:

**Description of the services in dispute:**

Preauthorization – Individual Psychotherapy 1 x 6 weeks, CPT #90806.

**A description of the qualifications for each physician or other health care provider who reviewed the decision**

The Psychologist who performed this review is licensed in Psychology by the state of Texas. This reviewer is a Diplomate of the American College of Forensic Examiners. They also hold a master certification in Neuro Linguistic Programming. The reviewer provides services for both adult and pediatric patients within their practice. The reviewer has been in active practice since 1976.

**Review Outcome**

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

Upheld

**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.**

Medical necessity does not exist for the requested psychotherapy 1 x 6 weeks, CPT #90806.

**Information provided to the IRO for review**

**Records Received From the State:**

Fax cover sheet, 1/2/09, 1 page

Fax cover sheet, 1/5/06, 1 page

Fax cover sheet, 12/1/08, 1 page

Notice of case assignment, 1/5/09, 1 page

Notice of assignment of independent review organization, 1/5/09, 1 page

Fax cover sheet, 1/7/06, 1 page

Confirmation of receipt of a request for a review by an independent review organization, 1/2/09, 7 pages

Message from , undated, 1 page  
Review determination, 12/4/08, 2 pages  
Review determination, 12/29/08, 2 page

Records Received From American Home Assurance:

Independent review organization summary, 1/8/09, 2 page  
Employer's first report of injury or illness, 8/2/06, 1 page  
Associate statement, 8/2/06, 2 pages  
Texas Workers' Compensation work status report, 8/4/06, 1 page  
Patient note, 8/2/06, 1 page  
Supplemental report of injury, 8/8/06, 1 page  
Report of medical evaluation, 8/18/06, 1 page  
Texas Workers' Compensation work status report, 8/18/06, 1 page  
Patient note, 8/2/06, 1 page  
Admission record, 10/8/06, 7 pages  
Discharge instructions, 10/8/06, 1 page  
MRI report, 2/26/07, 2 pages  
Texas Workers' Compensation work status report, 8/28/08, 1 page  
Initial consultation, 8/28/08, 5 pages  
Initial consultation, 9/3/08, 3 pages  
Patient note, 9/8/08, 1 page  
Patient note, 9/22/08, 1 page  
Patient note, 9/29/08, 1 page  
Functional capacity evaluation, 10/13/08, 11 pages  
Oswestry low back pain disability questionnaire, 10/1/08, 1 page  
Cardiovascular testing, 10/1/08, 1 page  
Patient note, 10/1/08, 1 page  
Radiographic report, 10/1/08, 1 page  
Patient note, 10/22/08, 1 page  
Neurological examination report, 10/27/08, 3 pages  
Lab report, 10/27/08, 2 pages  
Patient note, 11/2/08, 1 page  
Patient note, 11/6/08, 1 page  
Case information, 11/7/08, 1 page  
Referral, 11/11/08, 1 page  
Letter from Amanda Kinecki, 11/13/08, 1 page  
Patient note, 11/13/08, 1 page  
Initial behavioral medicine consultation, 11/21/08, 6 pages  
Environmental intervention, 10/4/08, 1 page  
Patient note, 12/11/08, 1 page

Preauthorization request, 12/19/08, 3 pages

Letter from , 1/8/09, 1 page

Letter from , 1/13/09, 1 page

Check copy, 1/9/09, 1 page

Mailing label copy, undated, 1 page

### **Patient clinical history [summary]**

The patient is a xx-year-old female whose date of injury is xx/xx/xx. On this date the patient was pushing shopping carts in a parking lot when she felt an onset of pain in her lower back. The patient was diagnosed with a lumbar sprain/strain and placed on light duty. The patient was seen for medication management for approximately 2 months and then released to work without restrictions. Treatment to date includes lumbar epidural steroid injections x 2. There is a gap in treatment records from an MRI dated 2/26/07 until a work status report dated 8/28/08. Current medications are listed as Tramadol and Zanaflex. An FCE dated 10/1/08 indicates that the patient is capable of working at a light duty status. The patient was referred for designated doctor evaluation; however, attempted to reschedule her appointment secondary to a scheduling conflict, and it does not appear that the evaluation ever took place. The patient underwent initial behavioral medicine consultation on 11/21/08. The patient rated her pain as 8/10. The patient reports that she was placed on Effexor for approximately one year while in high school (6 years ago) and then switched to Zoloft, which she took for approximately 3 months. The patient reports difficulty with ADLs, feeling lonely and misunderstood, and being socially isolated. The patient reports her current level of functioning as 35%. Diagnosis was listed as pain disorder, chronic, associated with both psychological factors and a general medical condition, and major depressive disorder, recurrent, moderate, secondary to the work injury. BDI was reported as 42 and BAI was 27. The patient reportedly currently works for another employer, as she was terminated in November 2006 from her previous employment. A previous request for individual psychotherapy was denied on 12/4/08 secondary to the patient having undergone physical therapy, epidural steroid injections and medication management, the patient is currently working, the patient reports severe levels of anxiety and depression, but has not had previous psychological treatment. There was no basis for psychological treatment two years past injury and working at a new job. A subsequent denial dated 12/29/08 indicates that there is a gap in treatment records and no serial documentation to support necessity of individual psychotherapy for a remote injury. The reconsideration request indicates that the patient received little medical care and the patient continues with functional limitations.

### **Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.**

The request for individual psychotherapy 1 x 6 weeks is not recommended as medically necessary. The patient reportedly sustained a lumbar sprain/strain while working for in August 2006. The patient was treated conservatively for approximately two months and released to return to work without restrictions. The patient is reportedly currently working at a new job with a light PDC,

which the patient is capable of performing according to an FCE dated 10/1/08. There is a gap in the treatment records submitted from 2/26/07 until 8/28/08. The patient was referred for designated doctor evaluation in November 2008; however, it does not appear that this evaluation ever occurred, as there is no report submitted for review. The patient reportedly has a history of depression for which she was placed on psychotropic medications. The patient continues to complain of significant levels of pain, which does not appear to be supported by objective findings. Given the current clinical data, objective and subjective findings, the requested individual psychotherapy 1 x 6 weeks is not indicated as medically necessary.

**A description and the source of the screening criteria or other clinical basis used to make the decision:**

ODG, Mental Illness and Stress Chapter

1428937.1