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Notice of Independent Review Decision

DATE OF REVIEW: 01/06/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: 4 sessions of individual counseling

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

Texas Licensed Psychologist

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Evaluation dated 06/01/08 by , M.Ed., LPC
2. Evaluation dated 06/18/08 by , M.Ed., L.P.C.
3. Fax cover sheet requesting authorization for individual psychotherapy 1 x 4 weeks dated 09/17/08
4. Precertification request dated 09/17/08
5. Initial review dated 10/13/08 by , Ph.D, ABPP
6. Denial letter dated 10/13/08
7. Evaluation dated 10/20/08 by , M.Ed., L.P.C.
8. Appeal request dated 10/31/08
9. Appeal review dated 11/07/08 by , Ph.D.
10. Denial letter dated 12/10/08
11. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee was described as a xx year old female whose date of injury was listed as xx/xx/xx. On this date, the employee was working for in when she stepped off a

curb while getting into her car and fell to the ground injuring both knees. The employee has continued to work since that time.

The employee underwent a psychological evaluation on 06/01/08 by , M.Ed., L.P.C. Current complaints were listed as soreness in the knees greater on the left with continuous pain that was described as burning and throbbing. The employee rated her pain as 7/10 with restrictions in walking, lifting, sitting, bending and stooping. The employee reported sleep disruption and stated that she gets four to five fragmented hours of sleep per night. The employee's mood was reported as depressed with an increase in weight of thirty pounds since the date of injury. Beck Depression Inventory score was reported as 22 and Beck Anxiety Inventory score was 13. Diagnoses were listed as chronic pain disorder and anxiety disorder. The employee was recommended for participation in a chronic pain management program, which was subsequently denied.

A subsequent psychological evaluation dated 06/18/08 by the same provider indicated that treatment to date had consisted of x-rays, MRI, physical therapy, e-stim/TENS unit, ultrasound, massage therapy, exercise therapy, stretching, ice, and four injections (two into each knee) with temporary relief. The remainder of this examination was identical to the report of 06/01/08. The employee was recommended to undergo four sessions of individual counseling.

The preauthorization request dated 09/17/08 indicated that the employee continued to experience chronic pain despite treatment attempts. The employee had no history of any depression or anxiety and now presented with mild/moderate symptoms of both. The employee also reportedly had symptoms of insomnia related to her chronic pain and injury and limited pain management strategies.

The request for four sessions of individual psychotherapy was denied on initial review on 10/13/08. The reviewing neuropsychologist noted that there was insufficient recent clinical information provided to support the request. The request appeared to be based on the psychological evaluation performed in June of 2008, and there was no more recent information regarding the employee's current status to support a request for individual psychotherapy. It is also noted that the employee was placed at Maximum Medical Improvement (MMI) and had not been treated since 2006. The request was described as questionable given the two year gap in the employee's treatment. The reviewing provider noted that the employee reportedly had depression, yet there was no Axis I diagnosis pertaining to depression in the psychological evaluation. The reviewing provider stated that it was unclear how the employee's psychological issues were impacting her functioning or how her symptoms were associated with the work injury. The employee was recommended to undergo a psychological evaluation, and it was noted that agreed to this recommendation during a telephonic consultation.

The employee underwent a subsequent psychological evaluation on 10/20/08, again by , M.Ed., L.P.C. The employee continued to rate her pain as 7/10 with daily discomfort. The employee reported social isolation and continued sleep disturbance. Beck Depression Inventory was reported as 23 and Beck Anxiety Inventory was 16. The employee's mood was reportedly mildly depressed and her affect blunted. The diagnosis at that time was listed as depression, NOS. The employee was

recommended to undergo four sessions of individual counseling to increase her coping abilities.

An appeal request dated 10/31/08 reported the findings of the updated psychological evaluation and indicated that individual counseling “can be greatly beneficial for this employee” in order to implement coping strategies to manage pain, depression, anxiety, and improve her sleeping patterns. Goals for treatment were listed as reducing depressive symptoms to moderate levels, reducing anxiety to mild levels, improving sleep patterns, and reducing subjective pain complaints.

The request for four sessions of individual psychotherapy was denied on appeal on 11/07/08 by , Ph.D., ABN, FAPM, FABS, AAPM, FACPN. Dr. reported that the request was resubmitted without addressing the issues brought up in the original denial. No additional records were submitted to explain the two year gap in care, and there was reportedly no evidence of a specific treatment plan, previous evidence of progress, progress notes, or evidence of functional improvement submitted.

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

I concur with the two previous reviewers in that four sessions of individual counseling are not medically necessary. The employee reportedly injured both knees while stepping off a curb on xx/xx/xx.

The earliest submitted record is a psychological evaluation dated 06/01/08, which indicates that the employee continues to complain of soreness in both knees rated as 7/10. Treatment to date has reportedly consisted of physical therapy, e-stim/TENS unit, ultrasound, massage therapy, exercise therapy, stretching, ice, and four injections (two into each knee); however, there were no treatment records submitted with objective documentation of any progress made by the employee secondary to treatment.

There was a gap in the treatment records from the date of injury through June of 2008. The employee reportedly was placed at MMI; however, this report was not submitted for review. The employee has continued to work since the date of injury, and there is no clear rationale for the employee to undergo individual counseling. The employee was recommended to undergo individual psychotherapy to treat depression; however, there was no Axis I diagnosis of depression until the most recent psychological evaluation performed on 10/20/08. The findings on this evaluation are nearly identical to those of the psychological evaluation from June of 2008, and the rationale for the changed diagnosis is unclear. In addition, the treatment goals listed for individual counseling are vague and generic and are not specific to the employee’s individual needs.

Given the current clinical data, four sessions of individual counseling are 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

<p>Cognitive therapy for depression</p>	<p>Recommended. 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). (Paykel, 2006) (Bockting, 2006) (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 behavior 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)</p> <p>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)</p>
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