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Notice of Independent Review Decision



DATE OF REVIEW: 7/27/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

6 sessions of Individual Therapy

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

Certified by the American Board of Physical Medicine & Rehabilitation

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	296.22	90806	Upheld

PATIENT CLINICAL HISTORY:

This is a xx-year-old female who reportedly sustained injury on xx/xx/xx, while lifting a box while working as a . She reported pain in her lumbar area with pain to the left lower extremity. She was initially evaluated on 11/30/2001 and diagnosed with lumbar strain and sprain at that time. She continued to be symptomatic despite conservative treatment measures and on 01/03/02 the claimant had MRI of the lumbar spine that showed a small central disc herniation at L5-S1 with evidence of a minor annular tear but no evidence of significant neurologic compression.

Since the 2001 timeframe she has had multiple treatments and evaluations by multiple differing providers which has resulted in extensive treatment measures. Currently, the claimant has issues with chronic pain and psychological stressors. Prior evaluations and treatment included multiple RME/IME and DDE examinations including an RME on 07/12/02 and 11/09/04, a MMI/IR determination on 03/20/03, a DDE evaluation on 08/11/03, and three functional capacity evaluations. Multiple radiologic tests have been completed. She has had multiple physical medicine and rehab visits. Physical therapy visits began on 12/03/01 and lasted through 10/15/08 for a total of 100 plus visits. She has been enrolled into a chronic pain management program and has had a total of 24 chronic pain management visits.

Her surgical interventions have included lumbar ESIs in 2002, hernia repair, myelogram

injection, and additional injections in 2007. Medication history has included the use of Vioxx, Celebrex, Ultracet, Neurontin, Skelaxin, Keflex, Tizanidine, Gabapentin, Hydrocodone, Lexapro, Carisoprodol, Cyclobenzaprine, Amitriptyline, Ibuprofen, Soma, Norco, Zoloft, Trazadone, Xanax, Prozac, Wellbutrin, Paxil, and Zantac. Her DME devices have included a form fitting conductive garment and electric heat pad.

Early on in the claimant's care she was recommended to have a lumbar discogram given the ongoing symptoms of low back pain but ultimately did not have the discogram performed.

The claimant's most recent medical note dates 06/25/09. Chief complaint is ongoing low back pain, left leg pain and left arm pain. It is described as a pressure and tingling. She walks with a cane and has trouble sleeping at night. Physical examination at that time showed her to have tenderness in the lumbar spine and in the bilateral SI joint. Straight leg raise is positive although it does not note which leg. Gait is antalgic and ambulation with a cane is noted. Muscle strength showed some weakness because of pain and again it is not noted whether this is left or right. DTRs were 2+ and symmetrical. Diagnosis was lumbar herniated nucleus pulposus. Recommended treatment is to continue supportive care. Psychological counseling was recommended due to chronic pain, stress and psychosocial issues, delaying her recovery. Current medications include Neurontin, Soma, Xanax, Paxil, Norco, and Zantac.

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

In the opinion of the Reviewer, individual psychotherapy x 6 is not medically necessary. The Reviewer noted that the claimant had evidence of a significant lumbar strain and sprain injury on the date of injury in xxxx, and a minor injury to her lumbar L5-S1 disc without evidence of neurologic compression despite ongoing reports of significant radiculopathy and EMG testing supporting radiculopathy. Multiple conservative treatment measures have failed and she has attended 24 sessions in a chronic pain management program which would have included individual therapy as part of the program.

Although ODG does have recommendations for individual psychotherapy, there is no indication that the previous chronic pain management program was a success and additional individualized psychotherapy is unlikely to result in any significant improvement or a return to work. ODG is very clear about continuance of care only in the setting of functional improvement.

Reference:

The 2009 Official Disability Guidelines, 14th edition, The Work Loss Data Institute. Online edition.

Pain Chapter: Psychological treatment

Recommended for appropriately identified patients during treatment for chronic pain. 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. Psychological treatment incorporated into pain treatment has been

found to have a positive short-term effect on pain interference and long-term effect on return to work. The following “stepped-care” approach to pain management that involves psychological intervention has been suggested:

Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention.

Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy.

Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also [Multi-disciplinary pain programs](#). See also [ODG Cognitive Behavioral Therapy \(CBT\) Guidelines](#). (Otis, 2006) (Townsend, 2006) (Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005) See also [Psychosocial adjunctive methods](#) in the Mental Illness & Stress Chapter.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & 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
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)**