



DATE OF REVIEW: 07/17/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual psychotherapy, one times six weeks.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., duly licensed physician in the State of Texas, fellowship-trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, with 22 years of current and active practice in the specialty of Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Initial Behavioral Medicine consultation dated 05/21/09
2. Designated Doctor Evaluation dated 06/03/09
3. Physician Adviser recommendations dated 06/05/09 and 06/30/09
4. Reconsideration of behavioral health individual psychotherapy preauthorization request dated 06/18/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

According to the records reviewed, this claimant was injured on xx/xx/xx as a result of a slip-and-fall event in which he hit his back and right shoulder. According to the “Initial Behavioral Medicine Consultation” on 05/21/09 completed M.A., the claimant completed an initial six sessions of physical therapy following the alleged injury. He subsequently underwent x-rays, MRI scan, and electrodiagnostic studies, none of which were made available for my review. Following that, the claimant then received an additional twelve to eighteen physical therapy sessions of active and passive treatment. According to the evaluation, the claimant was scheduled for an orthopedic evaluation on 05/26/09 to

evaluate him for back surgery. At the time of the evaluation, the claimant was taking Flexeril at bedtime, Mobic 15 mg at bedtime, Darvocet q. 6h. p.r.n., and Skelaxin three times day. The claimant completed a Beck Depression Inventory and Beck Anxiety Inventory, scoring 20 on the Beck Depression Inventory and 25 on the Beck Anxiety Inventory. After chronicling the patient's subjective complaints, recommendation was made for six sessions of individual psychotherapy and a referral for "psychotropic medication needs."

On 06/03/09 the claimant was evaluated by Dr. for a Designated Doctor Evaluation. Dr. noted the claimant had a pre-existing history of depression, hypertension, and diabetes for which he was taking Actos, Diovan, Skelaxin, Darvocet, Flexeril, and Mobic. He also noted the claimant's report that he had received passive modality physical therapy including electrical stimulation and massage. Dr. reviewed an MRI scan report from 02/27/09, demonstrating a 4-mm L3/L4 disc bulge with degenerative facet and ligamentum flavum hypertrophy, a 3-mm L3/L4 disc protrusion, a 2-mm central disc protrusion at L5/S1, and moderate disc dehydration at L4/L5 and L5/S1. He also reviewed electrodiagnostic studies performed on 03/16/09, all of which were normal. Finally, he reviewed an orthopedic evaluation performed by Dr. on 05/26/09 in which Dr. recommended lumbar epidural steroid injection, physical therapy and occupational therapy, and consideration of a myelogram or discogram depending on progress. Dr. noted the claimant's complaints of lumbar, right shoulder, right hip, and right leg pain with a pain level of 7/10. The claimant was said to walk with a limp and was unable to walk on his toes or heels. He was said not to be able to squat or stand on one leg. However, there was no tenderness to palpation in the lumbar spine, although there was paraspinal muscle tenderness. Straight leg raising in the supine and sitting position was positive on the right and left. Sensation was decreased in the right leg in the S1 dermatome, and the ankle reflex was similarly decreased on the right. Lumbar range of motion was significantly decreased in all planes. Muscle strength, however, was said to be normal. Dr. stated the claimant had not reached MMI and stated the claimant was not capable of returning to work.

On 06/05/09 a physician adviser reviewed the request for six sessions of individual psychotherapy, recommending nonauthorization.

On 06/18/09 L.P.C., wrote a request for reconsideration, restating all the information that had been provided in the initial request.

On 06/30/09 a second physician adviser recommended nonauthorization of the requested six sessions of individual psychotherapy.

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

This claimant has ongoing subjective complaints of lumbar and lower extremity pain as well as physical examination of radiculitis, although the EMG is negative for radiculopathy. It appears that this claimant has had nothing other than passive physical therapy and modalities. He saw an orthopedic surgeon who recommended lumbar

epidural steroid injection, and, depending on those results, possible further diagnostic testing. Individual psychotherapy will, in no way, suffice to treat this claimant's pain complaints, which are stated in the psychologic evaluation as being the cause for his alleged psychologic distress. Therefore, treating the claimant's psychologic distress is not the primary medical need; treating the claimant's pain is. No amount of individual psychotherapy will adequately, nor for that matter, to any degree treat this claimant's pain. Therefore, individual psychotherapy is not medically reasonable or necessary. This claimant needs to have medical treatment as recommended by the orthopedic surgeon completed as a valid effort to medically treat his underlying medical condition. Individual psychotherapy will not treat any of the claimant's underlying medical conditions. Therefore, there is no support in either ODG Treatment Guidelines or nationally accepted medical standards of care for this claimant to have individual psychotherapy when he has not had adequate medical treatment for the pain, which is the source of his reported psychological distress. Primary medical treatment of the claimant's pain, therefore, must proceed before any consideration of psychotherapy to treat alleged secondary results of the pain. Therefore, in my opinion the recommendations for non-authorization for the requested six sessions of individual psychotherapy were appropriate and are, therefore, upheld. The request for six sessions of individual psychotherapy is not medically reasonable or necessary treatment as related to the claimant's current clinical condition or the alleged work injury.

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

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)