



**DATE OF REVIEW:** 6/11/2009  
**IRO CASE #:**

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

CPT 90806 - Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer attended and graduated from the Department of Neurology and Neurosurgery. This reviewer did a residency in Psychiatry at. This reviewer is Board certified in Psychiatry as well as Forensic Psychiatry, Geriatric Psychiatry, and Addiction Psychiatry. This reviewer is also certified by the American Board of Quality Assurance and Utilization Review Physicians. This reviewer has been in private practice since 1990.

**REVIEW OUTCOME:**

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

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

CPT 90806 - Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient Overturned

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

This is a who presents with major depressive disorder, cervical disc protrusion, lumbar discogenic pain, thoracic stain, and bilateral SI joint dysfunction. The injured worker has been treated with a chronic pain management program.

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

This case concerns a female with major depressive disorder and chronic pain syndrome. The claimant's date of injury is xx-xx-xx. She has been treated in a chronic pain management program. This request concerns psychotherapy code 90806.

She was evaluated on February 2, 2009. At that time she exhibited "multiple pain behaviors." She appeared friendly, appropriate, and cooperative. She was fully alert and oriented. She appeared moderately depressed.

She had a past history of abuse and suicide attempt. She noted an increase in stress following her injury of xx/xx/xxxx and symptoms including tearfulness, sadness, helplessness, nervousness, frustration, irritability and functional limitations. She had high scores on Beck Depression Inventory and Beck Anxiety Inventory.

The specific request is for six individual sessions of cognitive behavioral therapy. The provided record indicates that the modality of treatment is needed to address depression, anxiety, fear, avoidance and preoccupation with pain. The provider further notes diagnoses of pain disorder and chronic pain syndrome. The request for a trial of individual psychotherapy as requested is medically appropriate and necessary as it meets the ODG Guideline criteria, Chapter on Mental Illness and Stress. Therefore, the previous denial is overturned.

**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  
**X** 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)  
**X** OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A  
DESCRIPTION)