



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 3/16/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under dispute include individual psychotherapy times 6 sessions and biofeedback times 6 sessions.

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

The reviewer is a Ph D in psychology and a LPC. The reviewer has been practicing for approximately 10 years in this field.

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)

The reviewer agrees with the previous adverse determination in all its parts.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Injury 1 treatment center and the Group.

These records consist of the following (duplicate records are only listed from one source): Review Determination 01/13/2009

Review Outcome	02/13/2009
Notice of Disputed Issue and Refusal to Pay Benefits	05/30/2008
Notice of Disputed Issue and Refusal to Pay Benefits	06/18/2008
Notice of Disputed Issue and Refusal to Pay Benefits	06/25/2008
Notice of Disputed Issue and Refusal to Pay Benefits	08/27/2008
Notice of Reinstatement of Indemnity Benefit Payment	10/21/2008
Notice of Disputed Issue and Refusal to Pay Benefits	10/31/2008
Medical Certification Form	05/14/2008

Worker's Compensation Request for Medical Care	05/14/2008
Physician Activity Status Report	05/14/2008
Physician Activity Status Report	05/19/2008
Progress Report by MD	05/19/2008
PT Initial Visit Summary by , PT	05/20/2008
Progress Report by MD	05/21/2008
MRI Report by , MD	05/27/2008
Progress Report by MD	06/02/2008
Peer Review by MD, PA	06/09/2008
Review of Medical Necessity by MD	05/27/2008
Case Synopsis by MD	06/24/2008
History and Physical by DO	06/26/2008
Initial Behavioral Medicine Consultation by MS, LPC	07/14/2008
Private Investigator report by	07/23/2008
Record Review by , MD	08/19/2008
Individual Psychotherapy Note by MS, LPC	08/19/2008
Individual Psychotherapy Note by MS, LPC	08/29/2008
Individual Psychotherapy Note by MS, LPC	09/03/2008
Treatment Re-Assessment by MS, LPC	10/01/2008
Individual Psychotherapy Note by MS, LPC	11/18/2008
Individual Psychotherapy Note by MS, LPC	12/30/2008
Individual Psychotherapy Note by MS, LPC	01/06/2009
Treatment Re-Assessment Report by MS, LPC	01/06/2009
Review Determination Report	01/13/2009
Reconsideration: Behavioral Health Treatment PreAuth Request	02/03/2009
Review Outcome for psychotherapy x 6 sessions; biofeedback x 6 sessions	02/13/2009

We did not receive a copy of the ODG Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured worker is a female who sustained a work related injury to her lumbar spine, left leg, hip, and foot on xx/xx/xx while performing her customary duties. The patient reported that she had been employed with the company for approximately 4 years and 2 months at the time of the injury.

She states she was sitting at her station when a forklift, intending to pick up a pallet, missed the pallet. The pallet hit a cart and the cart hit her in the back, pushing her up against a conveyor trolley causing instant severe pain in her back. At that time and since that time, she has also had pain travelling down her left leg. The injury was reported on xx/xx/xx to her supervisor. The patient first sought treatment from the company doctor and she was given a drug test and x-rays. On 5/27/2008 an MRI of the lumbar spine revealed L5 bilateral spondylolysis with Grade I-II spondylolisthesis L5 on S1. The degree of slip measures 1-1.2 cm. Moderate left and mild-to-moderate right neural foraminal

narrowing. Mild degenerative spondylolysis at L3-4, and also mild degenerative spondylolysis at L4-5.

She is a married mother of two grown daughters. She was born in Texas and speaks English only. Her mother is deceased and she has 6 siblings. She earned her GED and her vocational history includes heavy labor, data entry, office work, and management. Her husband and children provide her with emotional and financial support.

She rated her pain consistently at a 7-9 on a ten point scale. She also highly rated interference in her daily living skills, normal skills, and ability to work. She reported significant disturbances in her abilities to fall asleep and maintain sleep. She reported depressed mood and increased anxiety as well as increased appetite and weight gain. She denied ever having suicidal thoughts or ideation or prior counseling or psychotherapy. The patient has received 12 sessions of individual therapy with a slight initial improvement and then a plateau of no improvement.

Results from several procedures administered led , MS, LPC to the diagnosis of:

DSM IV

AXIS I	296.3 Major Depressive Disorder, recurrent, severe without psychotic features, secondary to the work injury
AXIS II	V71.09 No diagnosis..
AXIS III	Injury to lumbar spine, left leg, left hip and foot, secondary to the work injury.
AXIS IV	Primary support group, Economic, and Occupational issues
AXIS V	GAF= 55 (current) Estimated pre-injury GAF=85+

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

The provided medical records indicate that the patient has received 12 sessions of individual psychotherapy with slight improvement followed by no change her mood as noted by results on the Beck Depression Inventory and Beck Anxiety Inventory.

The ODG Psychotherapy Guidelines indicate the medical necessity of an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement with a total of up to 13-20 visits over 13-20 weeks (individual sessions). As noted above, this patient did not have sufficient evidence of objective functional improvement; therefore, the requested service is not medically necessary according to the reviewer.

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)