

MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: March 4, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual psychotherapy 1 x 6 weeks

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

The review was performed by a psychologist who is licensed in the State of Texas. He is a member of the American Psychological Association, International Neuropsychological Society, and is listed in the National Register of Health Service Providers in Psychology. He has evaluated and treated patients with depression, anxiety, and chronic pain.

REVIEW OUTCOME

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Texas Department of Insurance

- Utilization Reviews (01/14/09 – 02/12/09)

Group

- Utilization Reviews (01/14/09 – 02/12/09)
- Employer's first report of injury
- Office visits (05/03/00 – 12/19/08)
- Diagnostics (05/03/00 – 11/03/00)
- Procedure notes (01/04/01)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was lifting a box of movies/CDs weighing 5-10 lbs and felt a pinch in her lower back.

The patient was evaluated at Medical Center. X-rays of the lumbar spine were unremarkable. The patient was diagnosed with acute myofascial lumbar strain and was treated with Tylenol. M.D., evaluated the patient for weakness and numbness in the right lower extremity and occasional radiation of pain to the left buttock area. History was significant for low back injury in xxxx. Computerized tomography (CT) myelogram of the lumbar area at that time showed herniated disc at L3-L4 interspace. The patient was treated conservatively and became completely asymptomatic and was able to return to work. Examination revealed limited range of motion (ROM) of the lumbosacral spine, pain on palpation of the lumbosacral area in the left lumbar paraspinal region, mild discomfort at the sciatic notch bilaterally, and hyperesthesia in the L4-L5 dermatomes bilaterally. Dr. assessed ruptured lumbar disc with radiculopathy and moderate lumbosacral sprain. He treated her with Lortab, Flexeril, Motrin, and Vioxx and physical therapy (PT).

MRI of the lumbar spine revealed equivocal findings and mild herniation at L3-L4. Dr. released her to work restrictions. Dr. performed epidural steroid injection (ESI) x3. The patient continued to experience back pain. Lumbar myelogram revealed anterior extradural defect at L3-L4 accentuated with flexion maneuver and minimal extrinsic defect of right nerve root at the L4-L5 intervertebral disc space. Post-myelogram CT of the lumbar spine revealed L3-L4 annular disc bulge with small posterior right paracentral disc protrusion and minimal extrinsic compression on the right anterior dural sac and L4-L5 very small broad-based posterior left paracentral disc bulge with minimal encroachment on the left L4-L5 neural foramen.

On January 4, 2001, Dr. performed microscopic tubular retraction partial discectomy at L4-L5 on the left. Postoperatively, the patient attended six sessions of PT and used a transcutaneous electrical nerve stimulation (TENS) unit. The patient was returned to light duty activities on a part time basis. Later, the patient reported increased pain. Dr. maintained her on light duty activities and medications including Ultram, Mobic, and Lortab and recommended PT. In October 2003, the patient reported improvement following PT.

In June 2005, the patient reported severe low back pain with sometimes sudden weakness in the right lower extremity. Dr. noted limited ROM, pain on palpation of the lumbosacral area, and hyperesthesia in both lower extremities in a nondermatomal fashion. He assessed recurrent radiculopathy and ordered lumbar spine x-rays and MRI. He prescribed ibuprofen for pain.

In November 2008, D.C., evaluated the patient for weakness in the left leg. Examination revealed decreased ROM, and positive Kemp's, straight leg raise (SLR), and prone leg raise tests. He ordered EMG/NCV studies, EMS unit, and individual counseling.

On December 19, 2008, the patient was seen at medicine consultation at the request of Dr. to assess the emotional status and subjective pain, coping, and adjustment to determine relationship to the work accident and assess her injury related disturbances and mood. The patient was diagnosed with adjustment disorder with chronic anxiety secondary to work injury and psychological stressors regarding primary support group, economic, and occupational

problems. It was recommended that patient undergo individual psychotherapy for a minimum of 6 weeks to assist her in developing tools and skills for management of injury-related disturbances in coping skills for adjustment.

On January 14, 2009, the request for individual psychotherapy was denied with the following rationale: *The patient has injury date of xx/xx/xx. She has had PT, medication management, ESIs, and surgery. Extensive treatment gap since 2003 with no recent medical records submitted other than the psychological evaluation. No call back was received by due date and time. Inadequate justification established for IT 8 plus years after injury date with little recent treatment noted. Based on the available information the request does not appear to be reasonable or necessary per evidence based guidelines.*

On February 5, 2009, a reconsideration request was put forth with the following reasoning: *Regardless of the timeline of treatment, the fact remains that the patient is contending with chronic adjustment disorder. Given that ODG recommends psychotherapy for case such as this (evident mood disturbance), and also noting that the TDI – DWC states that “the carrier shall approve or deny request based solely upon the medical necessity of the healthcare required to treat the injury, regardless of: (1) Unresolved issues of compensability, extent of or relatedness to the injury; (2) The carrier’s liability for the injury; or (3) The fact that the employee has reached maximum medical improvement (MMI).”*

On February 12, 2009, a reconsideration request was denied with the following rationale: *There is insufficient reason to overturn the prior adverse determination: The patient has an injury date reported on May 2, 2000. She has been afforded PT, medication management, epidural steroid injection (ESI), and operative interventions. There is an extensive treatment gaps since 2003 and no recent medical submitted, other than psychological evaluation. Inadequate justification established for IT 8 plus years after injury date with little recent treatment noted. Based on the available information, the request does not appear to be reasonable or necessary per evidence based guidelines.*

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

The Claimant had a behavioral health evaluation in 12/08. The evaluation resulted in minimal signs of depression and anxiety. The claimant has been functional and is working with restrictions. There are few subjective complaints or objective measures of depression or anxiety. There is no indication that psychological factors are limiting the claimant’s rehabilitation. Thus the presence of a psychological disorder has not been established. The ODG recommends individual psychotherapy for the treatment of psychopathological conditions. A psychopathological condition has not been established and thus individual psychotherapy cannot be determined to be medically necessary. Therefore the denial of the request should be upheld.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**