

## Notice of Independent Review Decision

**DATE OF REVIEW:** 11/30/2009  
**IRO CASE #:**

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

90806/Individual Psychotherapy: 1x6weeks (6 sessions)

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from University of Missouri-Kansas City and completed training in Physical Med & Rehab at Baylor University Medical Center. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Physical Med & Rehab since 7/1/2006 and Pain Management since 9/9/2006. This reviewer currently resides in TX.

**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)

90806/Individual Psychotherapy: 1x6weeks (6 sessions) Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Fax page, dated 11/10/2009
2. Notice dated 11/10/2009
3. Request for a review, dated 11/9/2009
4. Adverse determination letter by LVN, dated 10/7/2009 & 11/4/2009
5. IRO request form, dated unknown
6. Request for a review, dated unknown
7. Notice of assignment dated 11/10/2009
8. Final report by MD dated 9/9/2009
9. Final report by MD dated 9/9/2009
10. Final report by MD dated 9/9/2009
11. Message form by author unknown dated 8/5/2009
12. Worker compensation form by author unknown dated 4/16/2009
13. Health history by author unknown dated 4/16/2009
14. Consent to the use by author unknown dated 4/16/2009
15. Medication guidelines by author unknown dated 4/16/2009
16. Consultation by MD dated 4/16/2009
17. Initial examination by author unknown dated 4/16/2009
18. Prescription note by author unknown dated 4/16/2009 & 4/17/2009
19. MRI scan by DC dated 3/20/2009
20. Extremity examination by author unknown dated 3/14/2009
21. Physician's statement dated unknown

Name: Patient\_Name

22. The ODG Guidelines were not provided

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

This is an injured employee was injured while lifting a heavy table. The injured employee has lumbar spondylolisthesis, disc herniation, and stenosis. According to the initial behavioral medicine evaluation dated 9/2/2009, the report states he is taking Lortab, Advil and Flexeril. Beck depression score is 25, indicating moderate depression and Beck anxiety score is 30 indicating severe anxiety. Pain scores range from 5-8/10. The injured employee notes significant interference with activities of daily living and sleeping. He is not working. There are significant financial issues as well.

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

According to ODG, behavioral interventions are recommended in conjunction with medical treatment and therapies as indicated. ODG notes that "the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Several recent reviews support the assertion of efficacy of cognitive-behavioral therapy in the treatment of pain, especially chronic back pain." According to the records submitted, the injured employee has high risk factors for delayed recovery including moderate depression, high levels of anxiety, and fear avoidance beliefs. Furthermore, the injured employee's sleep and overall activities of daily living are significantly affected. ODG recommends individual psychotherapy when there is a lack of progress from traditional treatments and therapies. However, it is unclear from the current records the exact medical treatment plan for the injured employee. There are no recent notes available from the treating provider or consulting surgeon. There is a possibility of surgery mentioned but not definite discussion. Without a more clear treatment plan it is uncertain the direction and improvement to be expected from individual psychotherapy therapy sessions. The recommendation is to uphold the previous denials.

**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)