

# I-Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jul/22/2009

**IRO CASE #:**

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

Individual Psychotherapy x 4 Sessions (1x/week x 4 weeks)

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

MD, Certified by the American Board of Psychiatry and Neurology

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 4/27/09, 6/10/09

Letter from Law Firm, 7/13/09

Healthcare System, 4/22/09, 4/20/09, 3/11/09, 3/30/09, 3/3/09, 3/10/09, 3/17/09, 3/31/09, 4/14/09, 4/28/09, 5/12/09, 6/20/09, 5/19/08, 3/11/08, 4/3/09

PPE, 3/11/09

Weekly Summary, 6/17/08, 6/24/08,

Chronic Pain Management Program, Progress Note Week #8, 4/13/09; Week #4, 2/3/09

Medical Advantage, 5/12/09, 4/28/09

Peer Review, 4/17/09

FCE, 4/3/08, 1/27/09

**PATIENT CLINICAL HISTORY SUMMARY**

Pt. is a male injured on xx/xx/xx when he was struck by a pallet in the back after the pallet leaned against boxes and tipped over. MRI on 7/10/2007 showed mild to moderate sized 3 mm. right paracentral disc protrusion at C3-4, C4-5, C5-6 and C7-T1 as well as other abnormalities. Surgery was performed on 10/11/2007 with fusion of C5-6 and C6-7. A psychological evaluation on 3/11/2008 revealed severe depression and chronic pain disorder, anxiety disorder. In Feb. 2009, he underwent a work hardening program with group therapy. This treatment included 20 sessions of work hardening and 15 sessions of cognitive behavioral pain management. A peer review by D.O., dated 4/17/2009, urged that the patient be weaned off opiates over several months. A request for 4 sessions of individual

counseling was made. The rationale given was that recent assessment showed the patient to continue to have significant emotional stress manifested through moderate to severe depression, anxiety, disrupted sleep, and preoccupation with functional deficits and chronic debilitating pain. The sessions would enhance the patient's coping skills in order to achieve mood stabilization. They would help him learn cognitive behavioral strategies such as verbalizing and implementing realistic expectations, improving sleep habits, identifying and reducing sources of stress, anxiety, and depression that are interfering with rehabilitation, and relaxation training.

The request was denied by a reviewer . The rationale is given as follows: "Pt. is a surgical candidate and plan is to lower psyche scores pre-op with 4 sessions of individual psyche counseling. Based on the fact that the pt. has already had voluminous psyche counseling as part of work hardening and chronic pain management program, the request is not medically necessary." In a rebuttal to the denial, M.Ed. LPC writes that although the patient participated in a chronic pain management program, he has not had the opportunity to participate in individual psychotherapy without the multidisciplinary approach to treatment, which can affect response to cognitive behavioral psychotherapy. This setting will allow a one on one structure to assist in mastery of material, independent application of techniques used, and implementation in the home setting with continued weekly reporting to address barriers he encounters outside of treatment. In addition, the program can also provide psychological support while reducing opiate mediation.

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

This patient was assessed in 3/2008 as having severe anxiety and depression. He underwent a 20-session multidisciplinary work hardening program that included 15 sessions of cognitive-behavioral therapy in 2009. He still shows moderate levels of depression and anxiety. He does not appear to meet ODG guidelines for continued psychological support, as there is no indication that he has made a major improvement in symptoms after 15 recent sessions of psychological treatment.

The requestor states that this patient requires psychological support while reducing his opiate medication. The record states that the patient has recently transferred from methadone to morphine sulfate. A peer reviewer has written that the taper should be long and slow, perhaps 10 or more weeks. This request does not conform to ODG criteria. The reviewer finds that Individual Psychotherapy x 4 Sessions (1x/week x 4 weeks) is not medically necessary.

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

ACOEM-AMERICA 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)