



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 11/2/2009

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of 6 sessions of individual psychotherapy.

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

The reviewer is a Ph D with a specialty in Psychology and Counseling. This reviewer has been practicing for greater than five years.

**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 regarding the prospective medical necessity of 6 sessions of individual psychotherapy.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:  
and Group

These records consist of the following (duplicate records are only listed from one source): Records reviewed : Patient Information Sheet, Pre-authorization request – 8/21/09, Reconsideration request – 9/17/09, Initial Behavioral Medicine Consultation & Addendum – 8/11/09; DO History & Physical – 7/20/09, Follow-up Notes – 8/11/09-8/22/09.

Records reviewed from Group: TWCC1 – 2/7/05; Suspension of & Refusal to Pay Benefits letter – 12/12/05-2/19/07; Exit Interview – 12/15/05 & 1/10/06, Request for Leave of Absence – 3/5/05; Denial letter – 8/26/09 & 9/23/09; Associate Statement-WC – 2/14/05; IRO Summary – 10/15/09; Regional Hospital

Admission, ER Notes, Radiology report, and Patient Teaching Instructions – 2/10/05 & 3/9/05, Radiology Report – 4/8/05, Out Patient Therapy Center Eval – 3/9/05, Out Patient Therapy Notes – 3/9/05-5/4/05; Medical Clinic Adult Visit Notes – 2/15/05-5/9/05; WC Request for Medical Care – 2/14/05; Return to Work Prescription & Job Descriptions – 2/18/05; Various TWCC 73s; Care Clinics Procedure Note & Physician Records– 4/5/05, Physician Record – 4/19/05-12/6/05, DRX Notes – 7/11/05; Pain Care Clinic Physician’s Order for NCV Exam & NCV Report – 4/12/05; Clinic report – 4/12/05-4/28/05; Medical Center Radiology report – 4/15/05; MD EMG/NCS report – 5/31/05; MD RME report – 10/24/05; Ameritox lab results – 12/12/05 & 2/27/07; DO letter – 12/8/05 & 5/2/06, Clinic Notes – 1/20/06-5/2/06, Procedure Note & X-ray report– 4/13/06 & 4/27/06; MD letter – 1/9/06, Re-check Office Assessment – 3/6/06; PRIDE Quantitative Functional Eval Summary – 1/16/06, PT Initial Eval – 1/16/06, Mental Health Eval – 1/16/06; Benefit Review conference Report – 1/25/06; TWCC5 – 1/19/06; MD letter – 2/15/06; MD Ortho Consult – 3/17/06, Phone Conference notes – 4/3/06; MD Office Notes – 5/24/06-8/21/06, letter – 11/1/06; Radiology report – 6/22/06, Hospitalization records – 6/22/06, 10/2/06, & 10/16/06; Procedure Note – 6/22/06; DO Office Notes – 9/5/06, Behavioral Medicine Eval – 9/12/06, Operative Report – 10/16/06; MD Consult Notes – 10/23/06; DC Initial Medical Narrative Report – 11/15/06, Notes – 11/16/06-10/10/08, Impairment Rating & Subsequent Medical Report Initial Baseline Testing – 3/6/07, FCE – 11/1/07; MD Initial Consult and Eval report – 11/16/06, Clinic Visit notes – 11/30/06-1/11/07, Patient Encounter Notes – 2/12/07-8/9/07; M.Ed., LPC Initial Behavioral Medicine Consult – 1/11/07; MD notes – 2/23/07; Patient Inquiry Data – 6/14/07; PA notes – 3/26/07 & 8/13/07; MA, LPC HBA Note – 10/16/08; Treatment Center Environmental Intervention – 9/22/09.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male. He sustained a compensable work related injury to his back on xx/xx/xx while performing his customary duties. He described repetitive lifting of pallets when one pallet caught on another causing a strain to his back. He reported the injury to his supervisor and was sent home. He went to the ER and was diagnosed with muscle sprain/strain and took off of work for 5 days. He had an MRI which showed a tear in his annulus fibrosis. He was sent to a pain management doctor and was off of work for 2 months. He returned to work on light duty. The patient has had a discogram, facet injections, ESI’s, and physical therapy.

The injured employee was scheduled for surgery, but the procedure was not approved. His treating doctor stopped taking worker’s comp patients and referred the injured employee to DO. Dr. took the patient off of work until evaluations and appropriate treatments could be determined.

The injured employee has a 9<sup>th</sup> grade education and no prior history of surgeries. He denies a personal or family history of mental health treatment or drug use. He lives with his parents and is raising his 8-year-old daughter. The current BDI and BAI suggest moderate and mild concerns of depression and anxiety in that order. No information on the patient's mental health status following his injury was available.

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

The Official Disability Guidelines state that: "*Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work.*" Because of the noted "short-term effect" of CBT, the use of psychotherapy after over four and a half years post injury no longer applies. Therefore, it is found to be not medically necessary due to the chronicity of the problem and the low likelihood of benefit to the patient based upon the records provided.

**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)**