



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

DATE OF REVIEW: 11-2-09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual psychotherapy 1 x 4

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

Psychologist

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 8-1-09 office visit.
- 8-11-09 Initial Behavioral Medicine Consultation performed by MS, LPC.
- 8-24-09 DO., office visit.
- 9-1-09 MD., performed a Utilization Review.
- An Undated letter of reconsideration provided by MS.
- 9-29-09 PhD., performed an appeal Utilization Review.

PATIENT CLINICAL HISTORY [SUMMARY]:

On 8-1-09, the claimant was seen. The claimant reported that she was lifting and injured her left wrist on xx/xx/xx. The claimant was seen at the ED and showed no fractures. The claimant reported pain at the left wrist. She is able to move the fingers, raise her arm, and bend her elbow. On exam, the claimant has normal strength bilaterally. There was no wrist drip bilaterally. Sensory is intact to light touch, DTR are normal. There was no evidence of ecchymosis, effusion or erythema. There was no swelling. X-rays of the left wrist was negative. Diagnosis provided: Wrist pain, wrist sprain. The evaluator recommended physical therapy. The claimant was provided prescription for Naprosyn and Biofreeze. The claimant was returned to work with restrictions.

Initial Behavioral Medicine Consultation dated 8-11-09 notes the claimant was referred to evaluate her emotional status and subjective pain to assess the relationship to the work accident and to determine her suitability for progression. The claimant underwent a diagnostic interview, mental status exam, behavioral observations, patient symptom rating scale, and pain drawing. Mental status examination notes the claimant was appropriate in appearance for her stated age and she was well groomed. Her behavior was cooperative throughout the interview. She was, oriented times five to date, place, time, situation, and person. Her concentration, attention, and motor activity were all deemed to be normal. The patient's speech was noted to be rapid. Her memory for recent and remote events was intact. Intellectual functioning was within normal limits and the patient answered questions appropriately. Her mood was anxious. Her affect

was expansive and appropriate to content. Her thought process was coherent, logical, and goal-directed. She did not hallucinate or appear delusional. No current risk factors were indicated. She appears to have sufficient education and literacy to understand and complete a battery of formalized psychological testing and assessment. When asked to quantify her symptoms numerically, the patient reveals the following: irritability and restlessness, 8/10; frustration and anger, 9/10; muscular tension/spasm, 7/10; nervousness and worry, 7/10; sadness and depression, 1/10; sleep problems, 1/10; and forgetfulness and poor concentration, 1/10. Diagnosis: AXIS I: Adjustment disorder, unspecified secondary to the work injury. AXIS II: No diagnosis. AXIS III: Injury to left wrist. AXIS IV: Primary support group, economic and occupational issues. AXIS V: GAF = 65 current, estimated pre injury GAF = 85+. The evaluator reported that he claimant would greatly benefit from a brief course of individual psychotherapeutic intervention to facilitate a healthy adjustment and improve her coping with her overall condition.

Follow up with DO., dated 8-24-09 notes the claimant continues to have pain and discomfort in her left wrist and hand. The claimant continues wearing her splint. She is active in physical therapy. On exam, the claimant has decreased range of motion of the left wrist. She has a positive Finkelstein's test, positive Tinel's and positive Phalen's test. The claimant is to continue with no work status. The claimant is to continue with her medications. The evaluator recommended an MRI and EMG/NCS of the left wrist. The claimant is to continue with her left carpal tunnel brace. The claimant is to continue with physical therapy.

On 9-1-09, MD., performed a Utilization Review. The request for individual psychotherapy 1 x 4 is not recommended as medically necessary. The claimant has minimal indications of depression and anxiety with exceedingly low Beck scales. The claimant has not been placed on psychotropic medications to treat psychological symptoms. Only 3 months have elapsed since the claimant's date of injury and psychological treatment may be premature at this time.

An undated letter of reconsideration provided by MS., notes that the claimant is reporting marked distress due to marked pain and functional problems. The claimant is unable to perform the duties of her job. She is reporting marked pain each day that causes distress and sleep problems as well as disruptions in her familial relationships. The evaluator reported that the psychotherapy is requested to address her maladjustment to the work injury and support her remaining at work.

On 9-29-09, PhD., performed an appeal Utilization Review. A clinical discussion with Dr., the request for four sessions of individual psychotherapy does not appear to be clinically appropriate. ODG requires that treatment progress be assessed in order to do this outcome baseline scores must be established. This program utilized the Beck Depression and Beck Anxiety Inventories to establish baseline levels of depression and anxiety. Minimal levels of depression and anxiety were observed. As a result of the tests finding submitted, it appears that submitted findings documented minimal levels of anxiety and depression. The request for individual psychotherapy should be denied.

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

The available documentation has been reviewed. The patient is reporting inconsistent symptoms when her objective measures are compared to her subjective report and presentation. She reports high levels of distress but minimizes these symptoms upon the Beck Depression Inventory and the Beck Anxiety Inventory. There is insufficient clarification of the conflicting presentation. The patient reportedly has participated in physical therapy but continues to report high pain levels. She worked after her injury but was later taken off work. Diagnostics and an orthopedic consult were recommended by her doctor, Dr. , in 8/09 given her lack of improvement in physical therapy. Her injury is now xxxx months old and she continues on medications and reportedly is no longer working. The request is for 4 psychotherapy sessions to address her responsiveness to treatment and to progress towards return to work. There is little information from the doctor noting psychological symptoms of distress or how her pain and coping has been addressed in physical therapy. There is insufficient information to establish necessity of 4 individual psychotherapy sessions, per the available documentation. Therefore, non-certification is provided.

ODG-TWC, last update 10-21-09 Pain – Behavioral Interventions: Recommended.

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 (CBT) in the treatment of pain, especially chronic back pain (CBP). (Kröner-Herwig, 2009) See the Low Back Chapter, “Behavioral treatment”, and the Stress/Mental Chapter. See also Multi-disciplinary pain programs.

ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain:

Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ).

Initial therapy for these “at risk” patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT.

Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone:

- Initial trial of 3-4 psychotherapy visits over 2 weeks
- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)

With severe psych comorbidities (e.g., severe cases of depression and PTSD) follow guidelines in ODG Mental/Stress Chapter, repeated below.

ODG Psychotherapy Guidelines:

- Initial trial of 6 visits over 6 weeks
- With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)

Extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials. Although short-term psychotherapy is effective for most individuals experiencing acute distress, short-term treatments are insufficient for many patients with multiple or chronic mental disorders or personality disorders. (Leichsenring, 2008)

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)**