



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: September 16, 2009

IRO Case #:

Description of the services in dispute:

6 one hour sessions individual health and behavioral intervention.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The clinician who provided this review is a licensed Psychologist in two states. This reviewer is a diplomate in Clinical Neuropsychology, by the American Board of Professional Neuropsychology. This reviewer is a member of the American Psychological Association, the American Pain Society and the National Academy of Neuropsychology. The reviewer has served as the Chief of Neuropsychology and Rehabilitation Psychology at a university medical center, an assistant professor of Psychology, Director of a Children's Rehabilitation Program and staff Psychologist. The reviewer is currently in private practice where has nearly 30 years of experience.

Review Outcome

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

Upheld

The original adverse determination should be upheld. Psychological treatment (CPT #96152 x 4 x 6) is not medically necessary.

Information provided to the IRO for review

Confirmation of Receipt of a Request for a Review by and Independent Review Organization (IRO) – 7 pages

Followup Noted dated 6/19/09 by , PA-C – 3 pages

Letter dated 7/14/09 from , Ph.D – 1 page

Diagnostic Narrative 8/4/09 – 2 pages

Assessment Rating Scales 7/23/09 – 2 pages

Letter dated 8/7/09 from , RN Utilization Review Nurse – 4 pages

Letter dated 8/7/09 from , RN Utilization Review Nurse – 4 pages

Letter dated 8/12/09 from , Ph.D – 1 page

Letter dated 8/19/09 from , RN Utilization Review Nurse – 3 pages

Letter dated 8/19/09 from , RN Utilization Review Nurse – 3 pages

Notice of Utilization Review Agent of Assignment of Independent Review Organization 8/20/09 – 1 page

Letter dated 8/24/09 from , Ph.D – 1 page

Notice of . of Case Assignment 8/20/09 – 1 page

Notice of Assignment of Independent Review Organization 8/20/09 – 1 page

Patient Face Sheet – 1 page

Patient clinical history [summary]

The patient's current physician, M.D. referred the patient to , PhD for psychological treatment. The patient was injured on xx/xx/xx. He completed a laminectomy in 2004. He fell down a hill and herniated a disc in his low back on January 17, 2005. He completed a spinal fusion in 2005. Additional surgery has been recommended. He has been diagnosed by his physician with failed back surgery syndrome and chronic pain syndrome. A note dated June 19, 2009 dictated by Dr. was submitted for review. Dr. indicated that he was encouraging the patient to start physical therapy. The patient's pain levels were reported to be 4/10. Current medications were reported to be Oxycodone, 5 mg tablets, twice daily and OxyContin, 10 mg tablets, extended release, twice daily. Dr. 's assessment was lumbar radiculitis, lumbar radiculopathy, failed back surgery syndrome, degeneration of lumbar intervertebral discs, lumbar facet syndrome, lumbar facet arthrosis, opioid medication, and chronic pain syndrome. As result of his medical assessment, Dr. referred the patient to Dr. for chronic pain management treatment.

Dr. completed a diagnostic narrative on August 4, 2009. Dr. provided a similar history that was provided by Dr. including a history of spinal surgery/fusion in 2005. Additional surgery has been recommended. The patient is diagnosed with failed back surgery syndrome and chronic pain syndrome. Significant changes in the patient's activities of daily living are reported. The patient reported difficulty with rest, sleep, and movement. The patient is working. Medication is reported to be OxyContin 10 mg twice daily. OxyIR 5 mg four times daily for breakthrough pain was also mentioned. The patient has also been prescribed Xanax .5 mg four times daily and Cymbalta 60 mg. The Oswestry, BDI, BAI, and Pain Experiences Scale were administered. Score elevations on all tests were reported. While no specific psychological diagnosis was offered, Dr. indicated it was his intention to treat the patient's refractory pain. This is consistent with utilization of the health and behavioral codes. However, psychological treatment is organized in ODG by psychological diagnosis.

Psychological treatment was denied. It appears that the patient completed two weeks of daily pain management treatment in a multidisciplinary chronic pain management program in 2007. Submitted documentation indicated the pain program was CARF certified. The multidisciplinary treatment program was discontinued upon a realization that a radiofrequency ablation had been requested. After the initial denial, Dr. discussed this issue with the patient, who indicated the

initial chronic pain management care was of negligible assistance. Dr. suggested that there were notable recent clinical changes in the patient's condition. He also noted that the requested modality (psychological treatment) had not been previously utilized with the patient.

However, Dr. apparently was unaware of the patient's previous treatment in a multidisciplinary chronic pain management program or previous psychological treatment. It is likely that the patient also completed psychological treatment prior to entry into this multidisciplinary program, as required by ODG. ODG requires that before additional psychological treatment is approved, treatment outcomes should be addressed and additional treatment should only be approved if evidence of treatment progress is submitted.

Dr. has alleged that his proposed psychological treatment will somehow be “different” than previous psychological treatment offered to the patient. He also repeats the patient's criticism that the previous psychological treatment was of negligible benefit. However, Dr. has apparently not attempted to obtain previous psychological records or verify the patient's allegations and has no way to verify that his proposed psychological treatment does not substantially repeat previously delivered psychological care or if previous psychological treatment resulted in functional improvement as required by ODG (see ODG–Mental Illness & Stress (updated 02/13/09)–ODG Psychotherapy Guidelines listed below).

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The original adverse determination should be upheld. Psychological treatment (CPT #96152 x 4 x 6) is not medically necessary.

ODG guidelines (Chronic Pain Chapter) were utilized in reviewing this request for the IRO. ODG specifically states that following completion of a chronic pain management program:

“(13) At the conclusion and subsequently, neither re-enrollment in repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury (with possible exception for a medically necessary organized detox program).”

Following completion of a chronic pain management program, reenrollment in medical rehabilitation such as outpatient medical rehabilitation, physical therapy, or psychological treatment is not recommended. Submitted documentation indicated that the patient was discharged from a chronic pain management program in 2007 after two weeks of multidisciplinary pain management treatment. Based on ODG guidelines, following completion of this therapy, reenrollment in psychological treatment is not recommended.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG (Official Disability Guidelines) Pain Chapter

ODG: (13) At the conclusion and subsequently, neither re-enrollment in repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) is medically warranted for the same condition or injury (with possible exception for a medically necessary organized detox program). Prior to entry into a program the evaluation should clearly indicate the necessity for the type of program required, and providers should determine upfront which program their patients would benefit more from. A chronic pain program should not be considered a “stepping stone” after less intensive programs, but prior participation in a work conditioning or work hardening program does not preclude an opportunity for entering a chronic pain program if otherwise indicated.

ODG–Mental Illness & Stress (updated 02/13/09)–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)