

## Notice of Independent Review Decision

### PEER REVIEWER FINAL REPORT

**DATE OF REVIEW:** 7/19/2010

**IRO CASE #:**

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

Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; x6 sessions (90806)

**QUALIFICATIONS OF THE REVIEWER:**

Physical Med & Rehab, Pain Management

**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)

Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; x6 sessions (90806) Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Notice of assignment by, dated 6/29/2010
2. Fax page dated 6/29/2010
3. Notice to air analyses by, dated 6/29/2010
4. Request form by author unknown, dated 6/24/2010
5. Request form by MD, dated 6/24/2010
6. Request for review by MD, dated 6/21/2010
7. Letter by MD, dated 5/13/2010
8. Progress note by MD, dated 5/11/2010
9. Appeal letter by MD, dated 5/4/2010
10. Letter by MD, dated 4/15/2010
11. Request for pre-authorization by MD, dated 3/29/2010
12. Behavioral medicine evaluation by, dated 3/8/2010
13. MRI of the lumbar spine by MD, dated 3/5/2010
14. Treatment plan dated 2/23/2010 & 6/22/2010
15. EMG & NCV report by MD, dated 12/21/2009
16. Sensory NCS by author unknown, dated 12/21/2009
17. Confirmation of receipt of a request by author unknown, dated unknown
18. History note by MD, dated unknown
19. History note by MD, dated unknown
20. History note by, dated 7/1/2010
21. Independent review organization by Author unknown, dated 6/24/2010
22. Request for review by MD, dated 6/21/2010
23. Letter by MD, dated 5/13/2010
24. Patient progress note by MD, dated 5/11/2010
25. Appeal letter by MD, dated 5/4/2010
26. Work status report by Author unknown, dated 4/19/2010 to 6/2/2010
27. Letter by MD, dated 4/15/2010
28. Post operative recovery room report by Author unknown, dated 4/15/2010
29. Clinical note by Author unknown, dated 4/15/2010
30. Image note dated 4/15/2010

31. Fax page dated 4/9/2010
32. History note by MD, dated 4/5/2010
33. Request for pre authorization by MD, dated 3/29/2010
34. Patient progress note by MD dated 3/25/2010 and 4/15/2010
35. Work status report by Author unknown, dated 3/22/2010
36. Letter by MD, dated 3/22/2010
37. Evaluation by, dated 3/8/2010
38. Evaluation by, dated 3/8/2010
39. X ray and MRI CT report by MD, dated 3/5/2010
40. Clinical note by MD, dated 3/3/2010
41. Work status report by Author unknown, dated 2/19/2010
42. Team conference notes by MD, dated 2/15/2010
43. Work status report by Author unknown, dated 2/5/2010
44. History note by MD, dated 2/5/2010
45. History note by MD, dated 2/5/2010 to 6/2/2010
46. Daily progress note by Author unknown, dated 1/25/2010 to 5/18/2010
47. History note by MD, dated 1/22/2010
48. Prescription form by Author unknown, dated 1/22/2010 to 5/24/2010
49. Treatment plan by Author unknown, dated 1/12/2010 and 2/23/2010
50. Work status report by Author unknown, dated 1/11/2010
51. History note by Author unknown, dated 1/11/2010
52. Range of motion exam by Author unknown, dated 1/11/2010
53. Computerized muscle testing exam by Author unknown, dated 1/11/2010
54. Initial consultation by MD, dated 1/8/2010
55. X ray report of findings by MD, dated 1/8/2010
56. Clinical note by Author unknown, dated 12/21/2009
57. Office visit by Author unknown, dated 10/26/2009
58. Office visit by MD, dated 9/8/2009 and 9/29/2009
59. Office visit by Author unknown, dated 8/20/2009
60. Initial office visit by Author unknown, dated 7/29/2009
61. Disability duration guideline dated unknown
62. NCV report by MD, dated unknown,
63. Procedure note aponeurosis injection by Author unknown, dated unknown

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

This is a injured employee with xxxxx of xx/xx/xx who presents with right lumbosacral radiculopathy L5 according to progress notes by MD, dated 5.11.2010. He has progressively been feeling worse and now his pain is quite significant with a lot of symptoms in the right lower extremity, including numbness and burning along the lateral aspect of his right leg. The pain goes all the way down to his foot.

MRI shows him to have L4-L5 disc protrusion and L5-S1 grade 1 spondylolisthesis. Electrodiagnostic evaluation apparently revealed nonspecific findings of lumbar radiculopathy on the right. Treatments since injury have included physical therapy and related modalities, pain medications, injections and lumbar bracing. A psychological evaluation date 3.8.10 has indicated Beck scores of 17 for depression which is mild to moderate and 17 for anxiety which is moderate, dysfunctional range on Pain and Impairment Relationship Scale and high on scales for fear avoidance type behaviors. Diagnostic impression is anxiety and depression adjustment disorder and generalized pain disorder.

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

The recommendation is to uphold prior denials of request for psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; x6 sessions.

According to ODG behavioral interventions are recommended. ODG notes, "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)." ODG notes guidelines for screening include a screen for patients with risk factors for delayed recovery including fear avoidance beliefs. Initial therapy for such patients is physical therapy. Consideration for CBT is recommended if there is a lack of progress with PT (physical therapy) alone consisting of an initial trial of 3-4 sessions of CBT. With evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks is indicated. Based on the records provided the patient has evidence of delayed recovery, fear avoidance beliefs with significant dysfunction, mild to moderate depression, moderate anxiety and failure to respond adequately to PT and other treatments such as ESI (epidural steroid injection) and medication.

However, the request dated 3.29.10 is for 6 individualized sessions of psychotherapy over a 10 week period. Currently ODG does recommend behavioral intervention for injured workers such as this but the requested treatments

fall outside of recommended units of care. An initial trial of CBT for 3-4 visits over 2 weeks is recommended first to confirm functional improvement and patient compliance with the behavioral interventions recommended and performed. The current request of 6 visits over a 10 week period are not within the ODG recommendations and therefore would not be considered medically necessary.

**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)