

Notice of Independent Review Decision

DATE OF REVIEW:

07/23/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual psychotherapy one time a week for six weeks (six sessions).

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

Board Certified Psychologist

REVIEW OUTCOME

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

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.

The requested individual psychotherapy one time a week for six weeks (six sessions) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 07/15/10 MCMC Referral
- 07/15/10 Notice To Utilization Review Agent Of Assignment, DWC
- 07/15/10 Notice Of Assignment Of Independent Review Organization, DWC
- 07/15/10 Notice To MCMC, LLC Of Case Assignment, DWC
- 07/14/10 Confirmation Of Receipt Of A Request For A Review, DWC
- 07/13/10 Request For A Review By An Independent Review Organization
- 07/07/10 non-certification letter, RN Case Manager,
- 06/30/10 Physical Therapy Daily Log Sheet
- 06/30/10 Physical Therapy Initial Evaluation, PT
- 06/22/10 Initial Diagnostic Screening Update, M.S., L.P.C., Behavioral Health Associates
- 06/16/10 Response To Denial Letter, M.S., L.P.C., Behavioral Health Associates
- 06/14/10 Injections note
- 06/11/10 non-certification letter, Utilization Review Nurse,
- 06/10/10 Delivery Ticket, Medical Supplies
- 06/08/10 Pre-Authorization fax, Behavioral Health Associates
- 05/27/10 Initial Diagnostic Screening, M.S., L.P.C., Behavioral Health Associates
- 05/26/10 Progress Notes
- 05/25/10 Daily Progress & Therapy Notes, Combined Chiropractic Services & Rehabilitation
- 05/20/10 Patient Rx Package form, Medical Supplies

- 05/17/10 Mental Health Evaluation/Treatment Request
- 05/11/10, 05/25/10, 06/23/10 handwritten office notes, M.D.
- 06/29/10, 06/14/10, 05/06/10, 04/22/10, 04/13/10 office notes, D.C.
- 05/06/10 Maximum Medical Improvement Determination and Impairment Rating Evaluation, , D.C., Combined Chiropractic Services & Rehabilitation
- 05/06/10 (Date of Certification) Report of Medical Evaluation, D.C.
- 05/05/10 New Patient evaluation, M.D.
- 05/05/10, 05/26/10, 06/14/10 Work Status Reports, M.D.
- 04/22/10 Work Status Report, D.C.
- 04/20/10 MRI right shoulder, Diagnostic
- 04/15/10 to 04/19/10 Daily Progress & Therapy Notes, Chiropractic Clinic
- 04/08/10 Clinical Report – Nurses, R.N., Medical Center
- 04/08/10 Physician Clinical Report, M.D., Medical Center
- 04/08/10 Discharge Instructions, M.D., Hospital
- 04/08/10 Coding Summary, Medical Center
- 04/08/10 Facility Coding Summary, Medical Center
- 04/08/10 Milestones/Time/Date/Elapsed Time report, Medical Center
- 04/08/10 Order Sheet, Medical Center
- Note: Claimant did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to submitted documentation, the injured individual is a male who was injured. During this activity, his right shoulder popped. He was evaluated for psychological treatment by Ms. on 05/17/2010. The date of injury listed was xx/xx/xx. After completing an assessment, Ms. submitted a request for psychological treatment.

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

The request is for six sessions of individual psychotherapy for an injured individual in the acute phase of a work-related injury.

Official Disability Guidelines focus on the treatment of chronic pain following a work-related injury which extends beyond the usual healing period (in this case for an acute shoulder injury). While there are cases where the treatment of acute psychological stress (e.g. a rape or assault at work) might require an acute psychological intervention, normally, psychological intervention should be delayed during the acute phase of the injury (considered to be six weeks to three months after the onset of symptoms) following a work-related accident (see ODG below). Chronic pain has also been defined as pain that persists for at least thirty days beyond the usual course of an illness. ODG also recommends the use of validated objective psychological tests to establish a credible diagnosis associated with chronic pain. ODG is organized by diagnosis and a credible diagnosis is required to establish a credible treatment plan. The treatment plan submitted by Ms. was not credible since she exclusively used self assessment/self report inventories and the clinical necessity of the treatment requested was not objectively established or validated.



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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (Pain Chapter)

Pain has been classified in multiple ways. One common methodology is to temporally classify the condition according to duration, with the most common categories given as acute and chronic. Acute pain is a sign of real or impending tissue damage and usually disappears with healing. It is the normal predicted physiologic response and is usually of short duration. Chronic pain, a common and expensive problem in occupational and disability medicine, has been defined by multiple different time durations (generally from 6 weeks to 3 months after the onset of symptoms). It has also been defined as pain that persists for at least 30 days beyond the usual course of an illness. Chronic pain is a condition that ultimately adversely affects the patient's well being, level of function and quality of life. This chapter of *ODG Treatment* focuses on chronic pain.