

## Notice of Independent Review Decision

### **DATE OF REVIEW:**

08/13/2010

### **IRO CASE #:**

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

Individual psychotherapy once 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 Clinical 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 once 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
- 07/28/10 MCMC Referral
- 07/27/10 Independent Review Organization Summary, AR-CMI
- 07/27/10 Notice of Assignment of Independent Review Organization, , DWC
- 07/27/10 Notice to MCMC, LLC of Case Assignment, , DWC
- 07/26/10 Confirmation Of Receipt Of A Request For A Review, DWC
- 07/23/10 Request For A Review By An Independent Review Organization
- 07/02/10 Prospective/Reconsideration review letter, , D.O., M.S.,
- 06/29/10 Request For Individual Psychotherapy Sessions – Reconsideration, Healthtrust
- 06/28/10 Request For Reconsideration letter, , D.C.,
- 06/23/10 Prospective/Initial review letter, , Ph.D.,
- 06/18/10 Request For Individual Psychotherapy Sessions,
- 06/18/10, 06/29/10 Pre-Authorization/Pre-Certification Request Forms
- 06/15/10. 06/16/10 Daily Work Activities Sheet
- 06/02/10 Initial Interview, , PhD,
- 05/26/10, 06/02/10 Work Conditioning/Work Hardening Chronic Pain/Rehab Team Conference Reports
- 05/13/10 to 06/16/10 Work Conditioning Daily Notes,
- 05/04/10 Physical Performance Evaluation, , D.C., Health Centers
- 04/26/10 Peer Review Addendum, , M.D.
- 04/15/10 Notice of Disputed Issue and Refusal to Pay Benefits, AR Claims Management

- 04/07/10 exam report, Dr.
- 04/06/10 Peer Review, M.D.
- 03/24/10 to 04/05/10 Daily Rehab Notes
- 03/22/10 Functional Capacity Evaluation, , D.C., Health Centers
- 03/10/10 MRI left knee
- 03/05/10, 04/09/10, 05/14/10 handwritten Progress Notes, , M.D.
- 03/05/10 prescription notes, , M.D.
- 03/01/10, 03/31/10 Work Status Reports, , D.C.
- 03/01/10, 03/31/10, 06/10/10 Problem Focused History/Historical,
- 03/01/10, 06/10/10 and one undated Examination notes,
- 03/01/10, 06/10/10 and one undated Range of Motion,
- 03/01/10, 06/10/10 and one undated Diagnosis Sheet, , D.C.,
- 03/01/10 Prescription and Letter of Support, , D.C.,
- 03/01/10, 03/31/10, 06/10/10 Treatment Plans,
- 03/01/10 confirmation of delivery statement, National Medical Equipment & Supplies
- 02/27/10 Employer's First Report of Injury or Illness
- 02/24/10 Witness Statement
- 02/24/10 Associates Statement – Worker's Compensation
- 02/24/10 Video Request Form
- Undated Authorization For Release of Medical Records and Reports
- Undated Letter of Medical Necessity for Custom Orthotics, Health Centers
- Undated Patient Referral Form, PDI
- Undated referral form,
- Note: Carrier did not supply ODG Guidelines.

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

Submitted documentation indicated that the injured individual was. She continued working. The date of injury listed was xx/xx/xx. On 03/01/2010 she initiated treatment with DC. Additional medical evaluation and treatment was provided on 03/05/2010 by MD. An MRI of the left knee showed "early chondromalacia patella with minimal suprapatellar synovitis and patellar tendinosis with deep infrapatellar bursitis". Physical Therapy (PT) was approved. Based on documentation, work conditioning has also been approved and was underway when the injured individual was referred to Dr.. The specific basis for referring the injured individual to Dr. was not provided. Dr. reported that previous physiological treatment had provided negligible benefit. This was based on the injured individual's self-reports. A request for psychological treatment was submitted following Dr. psychodiagnostic evaluation.

Official Disability Guidelines suggests that the basis for providing a credible treatment is a credible diagnosis. In this case, a credible diagnosis was not established before a request for six sessions of individual psychotherapy treatment was requested. Objective validated psychological tests were not administered.

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

According to submitted documentation the injured individual was injured while working when a TV fell striking her left calf. The date of injury was noted to be xx/xx/xx. Concurrent with the injured individual's completion of a work conditioning program, she was referred to Dr. to complete a clinical psychodiagnostic evaluation. This evaluation was completed on 06/02/2010. Dr. noted that "objective findings" included "since the work related injury, the patient's psychophysiological condition has been preventing her from acquiring the level of stability needed to adjust to the injury, manage more effective [sic] the pain, and improve her level of functioning."

It should be noted that Dr. based his opinion on self-reported information provided by the injured individual and included no results from objective validated psychological testing to develop his opinions. Clinical standards of practice require that in cases where possible secondary gain and the lack of medical consensus is present that objective psychological testing (e.g. MMPI-2-RF) may assist in providing credible information pertaining to patient effort and possible secondary gain and external sources for reporting distress unrelated to medical symptomatology. An evaluation based on subjective self-report measures would not provide the information necessary to determine a psychological basis for providing treatment to this injured individual.

**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 (ODG):

Criteria used in analysis: ODG Mental Illness and Stress Chapter

Cognitive therapy for depression

Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psychotherapy). (Paykel, 2006) (Bockting, 2006) (DeRubeis, 1999) (Goldapple, 2004) It also fared well in a meta-analysis comparing 78 clinical trials from 1977 -1996. (Gloaguen, 1998) In another study, it was found that combined therapy (antidepressant plus psychotherapy) was found to be more effective than psychotherapy alone. (Thase, 1997) A recent high quality study concluded that a substantial number of adequately treated patients did not respond to antidepressant therapy. (Corey-Lisle, 2004) A recent meta-analysis concluded that psychological treatment combined with antidepressant therapy is associated with a higher improvement rate than drug treatment alone. In longer therapies, the addition of psychotherapy helps to keep patients in treatment. (Pampallona, 2004) For panic disorder, cognitive behavior therapy is more effective and more cost-effective than medication. (Royal Australian, 2003) The gold standard for the evidence-based treatment of MDD is a combination of medication (antidepressants) and psychotherapy. The primary forms of psychotherapy that have been most studied through research are: Cognitive Behavioral Therapy and Interpersonal Therapy. (Warren, 2005)

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)