



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 08/03/10

**IRO CASE NO.:**

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

Item in dispute: Psychotherapy x 6  
6 x 90806

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

Texas Licensed Psychologist

**REVIEW OUTCOME**

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

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Cover sheet and working documents
2. Peri-operative mental health evaluation goals/plan justification
3. Prescription for presurgical evaluation
4. Medical records, MD
5. Mental health evaluation/treatment request dated 01/18/10, 07/09/09
6. CT lumbar spine dated 09/25/09
7. Initial diagnostic screening (90801) dated 05/10/10
8. Response to denial letter dated 06/08/10
9. Utilization review determination dated 06/08/10, 07/06/10
10. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is a male whose date of injury is xx/xx/xx. On this date the employee was carrying a bag of mulch when he tripped over a bush and fell on his back.

Treatment to date includes diagnostic testing physical therapy, hardware injection, medication management and surgical intervention.

The employee underwent anterior decompression with discectomy and posterior instrumentation with decompression on 09/24/07 as well as anterior plating at L5-S1.

An office visit note dated 09/01/09 indicates that the employee presents with failed lumbar spine syndrome with misplaced hardware with anterior screw penetration and probable sympathetic chain irritation at L5-S1.

The employee underwent a psychological evaluation on 05/10/10 for presurgical screening. Current medications were listed as Tramadol, Hydrocodone, Zolpidem and Metformin. The employee had worries that the previous surgery was unsuccessful and believes that his work related injury problems "are about as bad as they can be". BDI was 12 and BAI was 5. The MMPI-2 profile was invalid because the VRIN scale was elevated. The diagnosis was adjustment disorder, unspecified. MBMD testing noted that the employee was not indicating significant psychiatric distress at that time. He was characterized by marked vacillation and an unrelenting undercurrent of sadness combined with periods of intense irritability, often exhibited in critical remarks. The employee was given a good prognosis for surgical procedure and was recommended for individual psychotherapy to maintain focus on coping skills and treatment requirements.

A request for individual psychotherapy was non-certified on 06/08/10 noting that the surgery was denied, and the request was for six presurgical individual psychotherapy sessions. The reviewer noted that the request was not consistent with current evidence based guidelines concerning the use of individual psychotherapy with this type of employee.

The denial was subsequently upheld on appeal dated 07/06/10 noting that the claimant produced an invalid MMPI-2, but there was no investigation or follow up to this. The reviewer opined that it was not reasonable to provide presurgical psychological treatment for a problem which has spuriously been cleared for the procedure. The listed treatment goals relative to presurgical preparation are not relevant.

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

Based on the clinical information provided, the request for psychotherapy x 6 is not recommended as medically necessary.

The employee underwent psychological evaluation on 05/10/10 for presurgical screening. BDI is 12 and BAI is 5. MMPI-2 profile is invalid because the VRIN scale is elevated. MBMD testing noted that the employee is not indicating significant psychiatric distress. The employee's Beck scales are not significantly elevated, and MMPI testing was invalid; however, there was no subsequent follow up assessment.

Given the current clinical data, the requested psychotherapy x 6 is not indicated as medically necessary.

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

***Official Disability Guidelines*** Treatment Integrated Treatment/Disability Duration Guidelines, Mental Illness and Stress Chapter, Online Version