

**AccuReview**  
An Independent Review Organization  
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Notice of Independent Review Decision

**DATE OF REVIEW:** NOVEMBER 24, 2010

**IRO CASE #:**

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

Individual psychotherapy x6 sessions

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

This physician is a Psychiatrist with 19 years of experience.

**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)

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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

On July 22, 2010, D.O, evaluated the claimant. Impression: Bilateral shoulder sprain with cervical strain/sprain. She is taking Flexeril 10 mg once daily at bedtime and Hydrocodone 7.5mg/500 mg for breakthrough pain.

On July 26, 2010, D.O. evaluated the claimant. He pain with 5 out of 10 with meds and 9 out of 10 without meds. She had complaints of stiffness and rigidity on her right lateral flexion. The right shoulder indicated tenderness expressed at the deltoid area, trapezius area and the supraspinatus area. The left shoulder appeared to be normal. Dr. D.O. recommended chronic pain management.

On July 28, 2010, the claimant was evaluated by L.P.C. for a psychological evaluation to determine appropriateness of an Individual Counseling Program. Her identified problems were: 1. Difficulty dealing with negative emotions appropriately. 2. Inadequate coping skills to manage emotional stress related to changes stemming from work related injury. 3. Symptoms of depression/anxiety. Individual counseling of 6 sessions was recommended.

On August 19, 2010, the claimant was re-evaluated by, D.O. She continued to complain about right and left shoulder pain, particularly on lifting objects over 10-15 pounds. She described her pain as shooting. Right shoulder impingement test was weak positive. Her Functional Capacity Evaluation indicated she is in the light category for work. Dr. recommended a chronic pain management program.

On September 9, 2010, the claimant was re-evaluated by D.O. Her current pain level is 5 out of 10 with medications and a 6-7 out of 10 without medications. She has had episodes of crying spells, mood changes, and depression.

On September 23, 2010, the claimant was re-evaluated by D.O. She has complaints of pain at the base of her neck and her right shoulder. The appointment was to review her medications, Hydrocodone 7.5/500 mg, and reduce current dosage. Dr. ordered an MRI of the right shoulder.

On September 1, 2010, M.D., a Psychologist, performed a utilization review on the claimant. Rationale for denial: There is no evidence that these psychological symptoms constitute a delay in the "usual time of recovery" from this acute injury. There is no reason to believe that the current active rehabilitation will be insufficient to restore functional status. Therefore it is not certified.

On October 6, 2010, M.D., a Psychologist, performed a utilization review on the claimant. Rationale for denial: The utilized psychometric instruments are inadequate/inappropriate to elucidate the pain problem, explicate any psychological dysfunction, or support differential diagnosis in this case. There is no substantive behavior analysis to provide relevant diagnostic information. There was no documentation, and no other data provided, or specific, antecedent psychosocial risk factors predictive of a "delayed recovery: or risk of chronicity in this case, thus requiring psychological or behavioral services to prevent, resolve, or reduce. Therefore it is not certified.

## **PATIENT CLINICAL HISTORY:**

On xx/xx/xx, the claimant sustained an injury to the neck and bilateral shoulders when she was lifting heavy boxes and started to feel a burning pain in both the right and left shoulders, neck and mid back area.

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

There is no evidence that these psychological symptoms are delaying the claimant's recovery time from his injury. There indication that the claimant will not restore functional status without the requested psychotherapy. Therefore, the previous decisions are upheld.

### **Per the ODG:**

Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested:

Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention.

Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy.

Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also [Multi-disciplinary pain programs](#). See also [ODG Cognitive Behavioral Therapy \(CBT\) Guidelines](#). ([Otis, 2006](#))

([Townsend, 2006](#)) ([Kerns, 2005](#)) ([Flor, 1992](#)) ([Morley, 1999](#)) ([Ostelo, 2005](#)) See also [Psychosocial adjunctive methods](#) in the Mental Illness & Stress Chapter. Several recent reviews support the assertion of efficacy of cognitive-behavioural therapy (CBT) in the treatment of pain, especially chronic back pain (CBP). ([Kröner-Herwig, 2009](#))

**ODG cognitive behavioral therapy (CBT) guidelines for low back problems:**

Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See [Fear-avoidance beliefs questionnaire](#) (FABQ).

Initial therapy for these “at risk” patients should be [physical therapy exercise](#) instruction, using a cognitive motivational approach to PT.

Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone:

- Initial trial of 3-4 psychotherapy visits over 2 weeks
- With evidence of objective [functional improvement](#), total of up to 6-10 visits over 5-6 weeks (individual sessions)

**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)**