



Notice of Independent Review Decision

DATE OF REVIEW: 11/24/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Psychotherapy x 6 Sessions

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

Board Certified in Psychology

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.

Psychotherapy x 6 Sessions – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Operative Procedure, M.D., 05/25/05
- Letter of Medical Necessity, D.C., 04/10/09
- Lumbar Spine MRI, M.D., 11/05/09
- Follow Up Report, Dr. 01/12/10, 02/08/10, 03/08/10, 05/21/10, 06/18/10, 07/22/10
- Follow Up Note, M.D., 02/11/10
- Peer Review, MCN, 07/27/10
- Neurological Electrodiagnostic Exam, M.D., 08/20/10
- Musculoskeletal Diagnostic Ultrasound, M.D., 08/20/10
- Medical Evaluation, M.D., 08/23/10
- Initial Diagnostic Screening, M.S., 09/20/10
- Denial Letter, 09/29/10, 10/27/10
- Response to Denial Letter, 09/29/10
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient is a male who sustained a work-related injury on xx/xx/xx while performing his usual job duties as a xxxx in a xxx when he injured his low back attempting to lift a 250 pound window. He received appropriate diagnostics and interventions, culminating in what appeared to be 3 back surgeries between the years 2003 and 2005. He was prescribed Tramadol, Lyrica, Celebrex, and Flector Patch. A peer review report stated that the patient would need lifelong care for the compensable injury.

The patient was evaluated by L.P.C. on 09/20/10. His BDI was a 42, BAI was a 36, and sleep questionnaire indicated moderate to serious sleep disturbance. His average pain level was rated a 7/10. SOAPP were within normal limits. FABQ was a 24/39. A Functional Capacity Evaluation (FCE) was conducted and placed the patient at the sedentary Physical Demand Level (PDL). The mental status examination stated “His thought process was intact, goal oriented, and well organized. The patient did indicate suicidal ideations, with no specific plan at this time...” The patient was diagnosed with 311 Depressive Disorder, NOS. A request was for 1x6 IT sessions.

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

The patient peer reviews note that the patient has lifetime benefits related to his injury and off-work status, and this should include “booster sessions” for injury-related depression. It is well established that one depressive episode escalates risk for future episodes, and at different life stages, the patient may relapse as new and difficult challenges arise. These sessions should be short and occur infrequently, but as needed. However, it is also true that some patients are not psychologically-minded, may have pre-existing Axis II disorders that do not respond to brief psychotherapy, etc., and are not

good candidates for talk therapy. Some diagnostic psychological testing such as the MMPI-2 or MCMI may help elucidate this at this time.

Historical information notes that, on 09/17/04, the patient underwent an assessment at, where he scored a 42 on the BDI and a 30 on the BAI. In 2006, he underwent another assessment at the same facility, and his scores had decreased to the mild ranges. It is also unclear at this time what is affecting the patient's changes in mental status over the many behavioral interventions he has received, which, according to insurance records, include: work hardening program, pain management program, and 16 IT sessions. The question of "ongoing dependency on a treatment team" also needs addressing. Better historical documentation is needed to help clarify these issues. As such, medical necessity cannot be established at this time.

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)**
- AMA GUIDES 5TH EDITION**