



IMED, INC.

11625 Custer Road • Suite 110-343 • Frisco, Texas 75035
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

Notice of Independent Review Decision

DATE OF REVIEW: 01/22/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Psychotherapy 1 x wk x 6 weeks 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. Initial behavioral medicine consultation dated 07/27/09
2. Individual psychotherapy reassessment note undated
3. Reconsideration for behavioral health treatment
4. Notification of adverse determination dated 11/16/09
5. Notification of reconsideration determination dated 12/21/09

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male whose date of injury is listed as xx/xx/xx. On this date, the employee was working with sheet metal when his glove slipped resulting in a laceration on his right hand.

The employee subsequently underwent right hand tendon surgical intervention on 01/27/09. The employee reported that he underwent some physical therapy.

The employee underwent an initial behavioral medicine consultation on 07/27/09. Medications were listed as Lyrica, Norco, Cymbalta, and Paxil. The employee rated his pain level as 8/10. The employee reported difficulty with activities of daily living, relationship changes, isolation from others, loss of confidence, and feeling disappointed or angry. The employee endorses both initial and sleep maintenance insomnia. The employee subjectively rated irritability and restlessness, frustration and anger, nervousness and worry, sadness and depression and sleep disturbance as 10/10; and muscle tension/spasm and forgetfulness 9/10. Beck Depression Inventory was 38 and Beck Anxiety Inventory was 20. The diagnosis was major depressive disorder, single episode, moderate, secondary to the work injury. The employee was subsequently recommended to undergo a course of individual psychotherapy.

An individual psychotherapy reassessment note (undated) indicated that the employee had completed six sessions of individual psychotherapy. Medications were listed as Norco, Paxil, Cymbalta, and Lyrica. His mood was reported as anxious, depressive, irritable, angry at times, and withdrawn. Subjective reports of pain, irritability and forgetfulness were unchanged; frustration and anger were down to 8/10, and nervousness, sadness and sleep were down to 9/10. The employee felt he was always working to control his anger and struggles to keep his motivation up. Treatment included motivational enhancement therapy, CBT, sleep hygiene, abdominal breathing, guided imagery, and positive responses to negative thinking. The employee reportedly responded positively to treatment and experienced some relaxation in sessions. The employee was recommended to continue individual psychotherapy.

A previous request for six additional sessions for individual psychotherapy was non-certified on 11/16/09 by Dr. who noted that there was evidence of negligible functional improvement following completion of the initial six sessions of individual psychotherapy, and the employee's anxiety was actually worse.

The request was again non-certified by Dr. on appeal dated 12/21/09 noting that there was insufficient evidence of progress to support additional therapy.

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 1 x 6 is not recommended as medically necessary. The employee has previously undergone six sessions of individual psychotherapy. Current evidence-based guidelines support continued individual psychotherapy only with evidence of objective functional improvement. The submitted records fail to document improvement secondary to psychological treatment. In fact, the employee's anxiety was reportedly worse than prior to treatment. Given the lack of progress in individual psychotherapy completed to date, the requested individual psychotherapy is not indicated as medically necessary.

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

References: OGD Mental Illness and Stress Chapter

Cognitive therapy for depression	<p>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)</p> <p>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)</p>
----------------------------------	---