



Notice of Independent Review Decision

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 12/01/09

**IRO CASE #:**

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

Denial of individual psychotherapy, insight oriented, behavior modifying, and/or supportive, outpatient, 45-50 minutes face-to-face

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified in General Psychiatry and Child and Adolescent Psychiatry

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
723.1	90806		Prosp.		8				Overturn

**INFORMATION PROVIDED FOR REVIEW:**

1. Letters of denial, 10/08/09 and 10/22/09, including criteria used in the denial
2. Medical report including x-rays, 07/27/09
3. Physical therapy evaluation, 03/19/08
4. Initial diagnostic screening by LPC, 12/01/08
5. Peer Review report, 03/26/08
6. Treatment progress report, 05/18/09
7. Pain management treatment goal, 07/20/09
8. Treating therapist correspondence and response to denial letter, 10/08/09

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This case involves a male who sustained injury xx/xx/xx when a pipe fell on him while unloading pipe from a truck. The patient states a 32-foot length of pipe fell and hit him on the left side of the head below the occiput and landed on the left upper shoulder between head and shoulder. The weight of it sent him to his knees and required someone else to remove it. The patient states that pain and joint limitation increased until he went to a doctor on xx/xx/xx.

It is noted that the records indicate, "Treating physician recommends he participate in individual counseling and in physical therapy." Initial diagnostic screening note dated 12/01/08 notes the following: "The patient understands his medical problem as it 'changed me a lot. I can't do a lot of things at the house or go out with my wife. It has changed me completely overnight.' It is noted that he describes his medical problem as 'very much severe' at this time, and he believes his medical symptoms are 'very much permanent.'"

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The records indicate the following diagnoses: 309.28, adjustment disorder with mixed anxiety and depressed mood, acute, and V62.2, occupational problem. It is noted that medications included the following: Flexeril 10 mg p.o. b.i.d. p.r.n. and Darvocet-N 100 mg p.o. b.i.d. to t.i.d. p.r.n.

There are several items that need to be clarified. The claimant has completed twenty days of the chronic management program. Based on the pain assessment scales, he improved on his scores on the pain experience scale from 63 to 51 and McGill pain questionnaire from 53 to 29. He has shown vast improvement in improving his sleep disturbance from 27 to 14. Further, he reduced his medication intake. Although his pain level remains consistently the same throughout the course of his treatment, his pain coping strategy increased.

According to the Official Disability Guidelines (ODG), which addresses evidence-based protocol for chronic pain patients, cognitive therapy is recommended, "Specifically, chronic pain patients should be followed for at least three months after initial active treatment. The primary goal of follow up is to help transition from active treatment to patient controlled application of treatment protocols, leading to more independence. Therefore, a recommendation of four sessions over four months is appropriate. Please refer to his discharge summary report, page four, for specific related measureable treatment goals."

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

While I share the concerns of the reviewer that in some areas the patient had made fairly limited gain in response to the treatment provided prior to the denial of treatment, I agree with the response to the denial letter that quoted the Official Disability Guidelines and Treatment Guidelines supporting the need for ongoing therapy, particularly cognitive behavioral therapy, targeted at improving independence and coping strategies to deal with chronic pain. Although some of the objective scales used did not show substantial improvement, it is significant that the patient was able to decrease his medication intake while coping with his chronic pain.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines as referenced in the response to denial letter quoted above.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.

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