



Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 1/5/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for individual psychotherapy, once a week for 6 weeks.

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

Texas licensed clinical psychologist.

REVIEW OUTCOME:

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

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> 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.

The previously denied request for individual psychotherapy, once a week for 6 weeks.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Notice of Utilization Review Findings dated 12/30/09.
- Patient Face Sheet dated 11/13/09.
- Evaluate and Treat dated 10/1/09.
- Psychotherapy Preauthorization Request dated 12/10/09.
- Environmental Intervention dated 11/17/09.
- Medicine Consultation dated 10/30/09.
- Addendum dated 10/30/09.
- Office Visit dated 9/1/09.

There were no guidelines provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx

Gender: Male

Date of Injury: xx/xx/xx

Mechanism of Injury: Lifting a floor cleaning machine

Diagnosis: Sprain/lumbar region; Somatic dysfunction lumbar region; Lumbar disc displacement; Neuralgia/Neuritis NOS; Major Depressive disorder, single episode, mild.

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

This male sustained a work related injury on xx/xx/xx. The mechanism of injury was lifting a floor cleaning machine as part of his regular work function. The diagnoses were sprain/lumbar region; Somatic dysfunction lumbar region; Lumbar disc displacement; Neuralgia/Neuritis NOS; Major Depressive disorder, single episode, mild. He had been treated conservatively and had obtained some physical therapy with unknown results. He was referred for a psychological evaluation, on 10/30/09, with, M.A., M.Ed., L.P.C. and was found to be reporting symptoms of sadness, mild to moderate depression, financial concerns, changes in relationship with family, and insomnia due to pain. The claimant reported, according to medical record, that he was experiencing perceived levels of pain intensity at 6/10 with intermittent elevations to 8/10, on a scale with anchors (0) zero being no pain to (10) ten being excruciating pain. He was given mediations for muscle relaxation and pain, but the records indicated that refills had been denied and he could not fill the prescriptions on his own. The medical records also stated that the claimant had a MRI, with results pending. Ms. xxxxx diagnosed the claimant with Major Depressive Disorder, single episode, mild, secondary to the work injury and gave him a current GAF of 51, while estimating his pre-injury GAF at 85. According to the ODG, behavioral treatment is recommended and "may be an effective treatment for patients with chronic low back pain, but it is still unknown what type of patients benefit most from what type of behavioral treatment. Some studies provide evidence that intensive multidisciplinary bio-psycho-social rehabilitation with a functional restoration approach improves pain and function." The ODG cognitive behavioral therapy (CBT) guidelines for low back problems state "Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. 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 psychotherapy visits over 3 weeks with evidence of objective functional improvement, total of up to 5-6 visits over 5-6 weeks (individual sessions)." Unfortunately, there were no medical records indicating the claimant's progress in physical therapy that he was initially referred. There was also no indication that the claimant was at risk for delayed recovery, both

indications that are necessary for a psychotherapy referral, according to the above guidelines. Therefore, the previous denials regarding preauthorization of six sessions of individual psychotherapy are upheld.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
Official Disability Guidelines (ODG), Treatment Index, 7th Edition, 2009, Low Back Pain - Cognitive therapy.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).