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**DATE OF REVIEW:** 03/01/2010; AMENDED 3/18/2010; AMENDED 3/22/2010

**IRO CASE #:**

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

INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT - 6 Individual Sessions over 2 weeks

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

This case was reviewed by a Texas licensed MD, specializing in Psychiatry. The physician advisor has the following additional qualifications, if applicable:

ABMS Psychiatry and Neurology: Psychiatry

**REVIEW OUTCOME:**

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT - 6 Individual Sessions over 2 weeks		-	Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request		9	1/09/2010	02/10/2010
2	IRO Record Receipt	TDI-DWC	5	02/05/2010	02/05/2010
3	Appeal Denial Letter		4	12/24/2009	12/24/2009
4	Fax Confirmation		1	02/05/2010	02/05/2010
5	Peer Review Report		5	12/30/2009	02/02/2010
6	Psych Evaluation		5	06/25/2009	06/25/2009
7	Initial Denial Letter		8	12/07/2009	02/04/2010
8	Office Visit Report	DO	1	06/18/2009	06/18/2009
9	Office Visit Report	LPC	9	10/30/2009	11/17/2009
10	Office Visit Report	Unnamed Facility	6	07/06/2009	08/26/2009

**PATIENT CLINICAL HISTORY (SUMMARY):**

This is an appeal of a preauthorization request, which was previously denied. The previous review noted the following: The claimant is a male who suffered multiple work-related injuries, on xx/xx/xx, when he fell from a catwalk (located on a second story floor, 28 feet down) while working for , Inc. as a. As a result, he required an open reduction internal fixation of the left humerus, he sustained a left distal radius fracture (very comminuted), a left ulnar fracture of the left foot, a severe laceration which required surgical closure, and required a splenectomy. Additionally, he sustained a colon tear, left rib fractures, and L1-L3 transverse process fractures. The most recent surgery performed on his left foot was performed on 11/17/09. As per the documentation, he has been noted to have already completed a work hardening program as well as 18 sessions of individual psychotherapy for the development of severe anxiety and depression secondary to his work injury. Despite, undergoing such treatments, it appears that there is only very minimal evidence of functional improvement in the claimant's condition.

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

Based on the above, I recommend the decision to be Upheld for denials of the additional sessions of individual psychotherapy. As per the ODG Guidelines, with evidence of objective functional improvement a total of up to 13-20 visits over 13-20 weeks of individual psychotherapy is recommended. However, the claimant has already completed a total of 18 sessions of individual psychotherapy with minimal improvement. Therefore, additional sessions will not likely provide any significant overall functional improvement and are not support by the ODG Guidelines.

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

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) (Bocking, 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)ODG Psychotherapy Guidelines:Initial trial of 6 visits over 6 weeksWith evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)

- 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)

**TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS:** The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 03/01/2010; Amended 03/18/2010; **AMENDED 03/22/2010.**

