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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 3/24/2010

**IRO CASE #:**

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

The services under review include the medical necessity of individual psychotherapy (1x6).

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

The reviewer is a Ph D (licensed Psychologist) with a specialty in Psychology. The reviewer has been practicing for greater than 5 years.

**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)

The reviewer disagrees with the medical necessity of individual psychotherapy (1x6).

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:  
Injury Clinic.

These records consist of the following (duplicate records are only listed from one source): Records reviewed: 1/11/10 denial letter, 2/9/10 denial letter, 9/23/09 cervical MRI report, 11/18/09 notes by DO, 12/14/09 left knee MRI report, progress notes from injury Clinic 12/15/09 to 12/29/09, patient flow sheet 12/15/09 to 12/29/09, 12/16/09 neurodiagnostic report, 12/22/09 behavioral medicine consult report and 12/22/09 addendum report.

3/5/10 letter by, patient face sheet, 12/22/09 script, 1/6/10 preauth request, 1/11/10 environmental intervention report, 2/2/10 reconsideration request, 2/2/10 letter by ,

We did not receive ODG Guidelines from Carrier/URA.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant was injured on xx/xx/xx while working. At that time, she states that she slipped on a wet floor and fell backwards injuring her right shoulder, twisting her left knee, and injuring her neck. She took some time off of work to recuperate but the pain increased. She first sought medical treatment on 09/02/09. Diagnostic studies conducted on 09/24/09 indicated degenerative disc disease in the cervical spine with a disc bulge at C5-6 and flattening of the spinal cord. In addition, an MRI of the left knee on 12/14/09 indicated complete evulsion of the anterior horn lateral meniscus, small tear of the posterior horn lateral meniscus, and severe degenerative changes of the lateral compartment of the femoral joint with associated effusion, loss of articular cartilage, and sclerosis. The claimant has participated in physical therapy. She is currently prescribed Darvocet, Lyrica, and Flexeril.

On 12/22/09, the claimant completed an initial psychological evaluation. At that time, she was diagnosed with a Major Depressive Disorder, Single Episode, Severe Without Psychotic Features, secondary to the work injury. Psychological testing via the Beck Inventories indicated a score of a severe level of depressive symptoms and a moderate level of anxiety symptoms. Her average pain level was reported as being since the work injury. She described the pain as being “stabbing headaches, pins-and-needles sensation to her right shoulder going down her right arm and both hands, burning and stabbing pain in her cervical spine, and stabbing pain in her left knee.” She denied a history of prior medical problems. She also denied a history of any significant mental disorders or emotional issues prior to her work injury on xx/xx/xx. She also reported that prior to the injury she would sleep eight hours per night and since the injury she sleeps six hours per night with difficulty falling asleep and 1-3 awakenings per night due to pain. Finally, the claimant endorsed numerous changes to her activities of daily living including self-grooming, household chores, yard work, cooking, exercise, or playing sports, driving, sitting, standing, walking, bending, squatting, lifting, climbing stairs, and sexual activity.

LPC-Intern and MS, CRC, LPC, provided a treatment plan for a request for six sessions of individual psychotherapy. The treatment plan identified pain, depression, anxiety, sleep, irritability, frustration, and muscle tension as the target areas for treatment. The plan was to provide predominantly cognitive-behavioral therapy to reduce pain, depression, anxiety, improve sleep, and reduce irritability, frustration, and muscle tension. The treatment plan also included a recommendation for a referral for psychotropic medications.

The request for six sessions of individual psychotherapy was subsequently denied on January 11, 2010 for failing to meet the 2008 Pain Chapter of the Office of Disability Guidelines (ODG) that state that “psychotherapy in the context of a chronic pain condition is indicated only when there is an appropriately identified patient.” The reviewer argued that a diagnosis of a Major Depressive Disorder could not be determined based on the information provided from the Beck Depression Inventory. Dr. conducted a peer to peer review of the case with the initial reviewer, but the denial remained unchanged.

A reconsideration request letter was submitted by MS, CRC, LPC on 2/2/10. In that letter, Mr. argued that a diagnosis of a Major Depressive Disorder can be made because the diagnosis was not just based on the scores from the Beck Depression Inventory but also from data obtained in the interview and through clinical observation.

The reconsideration request was reviewed on 2/9/10 and the decision to deny was upheld by the second reviewer. The second reviewer continued to maintain that the claimant was not an “appropriately identified patient” and that the request failed to meet guidelines for psychotherapy provided in the 2008 ODG Pain Chapter. The reviewer further noted that the claimant was also reporting chronic pain and therefore the Pain Chapter of the ODG should be used to base the decision regarding psychotherapy. In addition, the reviewer cited the 2008 ACOEM Guidelines regarding treating chronic pain which indicate that “There is no quality evidence to support the independent/unimodal provision of CBT for treatment for patient’s with chronic pain syndrome.”

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

The current Mental Illness and Stress chapter of the Office of Disability Guidelines (ODG) updated 02/24/10, subchapter Cognitive Therapy for Depression, states “Cognitive-behavioral therapy is recommended for depression based on meta-analyses that compare its use with pharmaceuticals. Cognitive-behavioral therapy fared as well as antidepressant medications with severely depressed outpatients in four major comparisons...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.” In addition, the most recent version of the ODG psychotherapy guidelines recommend “An initial trial of six visits over six weeks with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions).”

At this time, the claimant has been diagnosed with a Major Depressive Disorder, Single Episode, Severe without Psychotic Features, secondary to the

work injury. A diagnosis of a Pain Disorder is not provided as a diagnosis at this time. A request for six sessions of individual psychotherapy is reasonable and necessary and complies with the specific guidelines of the 2010 ODG, Stress and Mental Illness Chapter. The treatment plan is to provide cognitive-behavioral therapy for an initial trial of six sessions to reduce psychological distress. The treatment plan is also consistent with the 2010 ODG, Stress and Mental Illness Chapter.

**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)**