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Notice of Independent Review Decision

DATE OF REVIEW: 4/26/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of Individual Psychotherapy 1 x Wk x 6 Wks.

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 previous adverse determination regarding the prospective medical necessity of Individual Psychotherapy 1 x Wk x 6 Wks.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: and Healthcare

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Injury 1: letter – 4/6/10, Patient Face Sheet – 2/23/10, Counseling script – 2/19/10, Pre-auth request – 2/22/10, Reconsideration request – 3/19/10, Initial xxxxxx- Amendment – 1/14/10; and xxxxxx Denial letters – 2/26/10 & 3/30/10. Records reviewed from xxxxx: PTSD Checklist – undated.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured on xx/xx/xx while working. She sustained an injury to her right shoulder and elbow after being assaulted by a coworker and trying to prevent herself from being pushed. She sought treatment the following day at the ER and x-rays reportedly revealed a dislocated shoulder and elbow sprain.

An Initial Behavioral Medicine Consultation (dated 1/14/10) was conducted at the request of the treating doctor, Dr.. A copy of the Initial Behavioral Medicine Consultation was not provided; however, a copy of the Initial Behavioral Medicine Consultation-Amendment (dated 3/5/10) was provided and reviewed. As a result of the evaluation conducted on 1/14/10, Drs. and requested six individual psychotherapy sessions. The request was denied by xxxxx on 2/26/10 after a peer to peer review with Dr.. The request was denied because "BDI is severe with BAI only mild, which is not consistent with PTSD and specific symptom content is not described to support a diagnosis of PTSD, at least not from this incident. They list the diagnostic criteria, but not the specific triggers, situations, and nightmares/intrusive thoughts. Additionally, the treatment plan does not include evidence based therapy for PTSD and there is no recommendation for antidepressants for either diagnosis, again not consistent with EBT, according to Dr..

On the amended evaluation dated 3/5/10, , PhD, and, PhD, indicated a diagnosis of Posttraumatic Stress Disorder, Acute, secondary to the work-injury and a Major Depressive Disorder, Single Episode, Severe without Psychotic Features, secondary to the work injury. There was no diagnosis on Axis II, injury to right shoulder and arm on Axis III, difficulties with primary support group, social environment, economic, litigation about her work injury on Axis IV, and a current GAF score of 55 with an estimated pre-injury GAF of 85+. In that report, the patient denied a significant medical history prior to the work injury. She also denied any mental disorders or emotional issues impacting her independent functioning prior to the injury. She described her pain on a scale from 1-10 as 8/10 with intermittent elevations to 10/10. She described the pain as burning with a pins-and-needles sensation in her right shoulder that radiates down her arm with numbness in the fingers of her right hand. She reported that the pain interferes with her recreational, social, normal and familial activities as a 10/10.

When asked to rate additional symptoms numerically, the patient indicated irritability and restlessness as an 8/10, frustration and anger as 9/10, muscular tension/spasm as 10/10, nervousness and worrying as 10/10, sadness and depression as 10/10, sleep disturbance as 10/10, and forgetfulness as 5/10. The results of the Beck Depression Inventory-II (BDI-II) and the Beck Anxiety Inventory (BAI) indicated a scale of 36 on the BDI-II with a severity level of severe depression. She scored a 13 on the BAI which suggested a mild level of anxiety. Results of the Fear-Avoidance Beliefs Questionnaire suggested clinically

significant fear-avoidance beliefs of physical activity (P=24) and returning to work (W=33).

On a civilian version of the PTSD Checklist, the patient endorsed being “extremely” bothered by the following symptoms: repeated disturbing, memories, thoughts or images of a stressful experience from the past; repeated disturbing dreams of a stressful experience from the past; suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it); feeling very upset if something reminded you of a stressful experience from the past; having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past; trouble remembering important parts of a stressful experience from the past; feeling distant or cut-off from other people; feeling as if your future will somehow be cut short; trouble falling or staying asleep; feeling irritable or having angry outbursts; having difficulty concentrating; being ‘super alert’ or watchful or on guard; and feeling jumpy or easily startled. The date the claimant completed the PTSD Checklist was not provided. In addition, the “stressful experience from the past” was not identified on the checklist or in the written report.

The proposed treatment plan included the use of patient education, exposure therapy, and cognitive-behavioral therapy to treat the diagnosis of PTSD and Major Depressive Disorder. The clinicians requested six sessions of individual psychotherapy at a frequency of once a week.

The appeal for reconsideration of the request was denied on 3/30/10 by xxxxxx for the following reason: “In the context of psychotherapy, the gold standard for the evidence-based treatment is a combination of medication (antidepressants) and psychotherapy. As per the treatment goals and objectives cited in the behavioral medicine consultation dated 1/14/10, the patient was advised six individual psychotherapy sessions. However, there was no mention of specific antidepressants which will be used in conjunction with the recommended psychotherapy. At this juncture, the medical necessity of this request is not fully established.”

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

The current Official Disability Guidelines, Stress and Mental Illness Chapter, PTSD Psychotherapy Interventions subchapter, dated 4/8/10 states that “Cognitive Therapy (CT), Exposure Therapy (ET), Stress Inoculation Therapy (SIT), and Eye Movement Desensitization and Reprocessing (EMDR) are strongly recommended for treatment of PTSD in military and non-military populations.” In addition, the guidelines suggest that “Patient and provider preferences should drive the selection of evidence-based psychotherapy and/or evidence-based pharmacotherapy as the first line treatment.” The proposed

treatment plan includes the provision of Cognitive Therapy and Exposure Therapy to treat PTSD. In addition, the ODG guidelines do not mandate pharmacotherapy, but suggests that “patient and provider preferences should drive the selection of either psychotherapy and/or pharmacotherapy.” Finally, the ODG recommends an “initial trial of six visits over six weeks” in order to determine the efficacy of the intervention for the claimant. At this time, the request for six sessions of IPT using both Cognitive Therapy and Exposure Therapy is consistent with the ODG.

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)