

Notice of Independent Review Decision
Corrected Report
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Initial Report: May 07, 2010
 Corrected Report: May 12, 2010

REVIEWER'S REPORT

DATE OF REVIEW: 05/05/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Denial of individual psychotherapy, number six sessions

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>
			<i>Prosp.</i>						

INFORMATION PROVIDED FOR REVIEW:

1. Letters of denial, 04/01/10 and 03/05/10, including criteria used in the denial
2. Medical records which include basic interpretive report, 02/16/10
3. Evaluation, 02/16/10
4. Laboratory report, 06/15/09
5. Clinical evaluations and followup, 04/29/10 through 02/22/10
6. Prior reports outlining prior surgeries
7. Requests for treatment, 02/25/10 and 03/23/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This case involves a female who sustained injury when her upper extremity was caught in a machine. The request for six sessions of individual psychotherapy was denied.

The patient has no history of previous mental health treatment and no previous inpatient psychiatric hospitalization. She has been diagnosed with a psychiatric disorder - depression - after mother's death in 1994 and has no previous history of neuropsychological head injury. The patient does not drink alcohol, does not use illicit substances now or in the past, has never been in trouble with the authorities, and smokes one pack of cigarettes per day. The clinician observed the patient's mood as depressed and her affect includes crying spells and sadness. Physically she reports appetite changes, loss of libido, and fatigue. She is alert and oriented to person, place, time, and date. Her thought content includes helplessness, hopelessness, poor concentration, self-critical, worry, recurrent dreams, flashbacks, and guilt. Socially she reports isolation. She has no suicidal or homicidal ideations in the interview. The patient was given a clinical interview, Beck Depression Inventory (43), which indicates severe depression, Beck Anxiety Inventory (4) which indicates severe anxiety, fear avoidance 10 and 42, McGill Pain Questionnaire equals 36, pain level 47, sleep four hours, CAT equals 32. DSM-IV diagnostic impressions included the following: Axis I: 307.89, chronic pain disorder associated with both psychological features and general medical condition, 309.81, posttraumatic stress disorder, 311, depressive disorder, 300.0, anxiety disorder; Axis II: V71.09, no diagnosis; Axis III: 354.4, 355.9, 729.1; Axis IV, problems with primary support group, occupational problems, economic problems; Axis V, GAF 48 (current), highest past year (56), prior to injury (88).

Basic Interpretive Report (BHI-2) was supportive of these findings. Precertification request dated 02/25/10 notes how the current complaint relates to the original Workers' Compensation injury/brief history of injury. It is noted that current medications include Methadone 10 mg one p.o. every six hours, hydrocodone 10/325 mg one p.o. every four hours p.r.n., Xanax 0.5 mg one p.o. b.i.d., and Effexor XR 150 mg one p.o. daily as well as meloxicam 15 one daily. Why treatment was medically necessary was noted to include to help the patient better control her level of subjective distress and pain behavior, increase constructive goal setting, and maximize her ability to return to a more productive lifestyle. It was recommended the patient be involved in an individual cognitive behavioral psychotherapy to increase appropriate coping skills for management and pain, stress, sleep disturbance, and emotional symptoms. A cognitive behavioral approach would be beneficial in which the patient will be taught skills such as relaxation training and cognitive challenging to reduce symptoms of anxiety and avoidance of activity.

Precertification request goes on to note, "According to ODG Guidelines for psychological treatment, it is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing the patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Psychological treatment incorporated into pain treatment has been found to have a positive short term effect on pain interference and long term effect on return to work/company dated 04/01/10 for outpatient individual psychotherapy times six sessions (two times a week times three weeks) related to the cervical and left shoulder.

As stated in the appeal, ODG supports up to 50 sessions for patients dealing with PTSD and panic disorders related to the on-the-job injury. She also meets guidelines for treatment of depression and anxiety. Treatment is specifically mandated if it cures or relieves the effects naturally resulting from the compensable injury or promotes recovery. The claimant's physical and psychological issues are, in fact, the effects naturally resulting from the injury. Individual counseling will act to both cure and relieve claimant's condition as well as promote recovery from her ailments."

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

While I share some of the concerns of the reviewer in terms of the injury is nine years old, the patient had completed a pain program, I agree with the request for appeal letter that quoted the ODG Guidelines and Treatment Guidelines supporting the need for therapy, particularly cognitive behavioral therapy.

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
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)