

Notice of Independent Review Decision

DATE OF REVIEW:

05/04/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

(90806 IPT) individual psychotherapy once a week for six weeks

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

Board Certified Psychologist

REVIEW OUTCOME

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

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.

CPT 90806 (IPT) individual psychotherapy once a week for six weeks is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION Referral form
- 04/16/10 letter from Pre-Authorization Manager,
- 04/14/10 MCMC Referral
- 04/14/10 Notice To Utilization Review Agent of Assignment, DWC
- 04/14/10 Notice of Assignment of Independent Review Organization, DWC
- 04/14/10 Notice To Of Case Assignment, DWC
- 04/13/10 Confirmation Of Receipt Of A Request For A Review, DWC
- 04/09/10 Request For A Review By An Independent Review Organization
- 04/08/10 non-certification letter, RN,
- 03/31/10 Reconsideration: Behavioral Health Individual Psychotherapy Preauthorization Request, MS, CRC, LPC,
- 03/16/10 Environmental Intervention, PsyD and PhD,
- 03/15/10 Notice of Disputed Issue and Refusal to Pay Benefits,
- 03/12/10 CT right elbow, Medical Center
- 03/11/10 non-certification letter, RN,
- 03/08/10 Behavioral Health Individual Psychotherapy Preauthorization Request fax,

- 03/02/10 Patient Face Sheet
- 02/23 (no year) Durable Medical Equipment Consult-Received, Dr.
- 02/23/10 Initial Behavioral Medicine Consultation, , M.A., M.Ed., LPC, NCC,
- 02/23/10 Consultation, D.O.,
- 02/23/10 Transportation/Lodging Documentation, DC,
- 02/23/10 Physical Therapy Evaluation, P.T.,
- 02/23/10 Addendum, , M.A., M.Ed., LPC, NCC
- 02/19/10 History and Physical, M.D.
- 02/19/10 Work Status Report, M.D., DWC
- 02/09/10 Letter of Medical Necessity, M.D., Medical Supplies
- 01/27/10 Electrodiagnostic Results, M.D., DTI
- 01/20/10 Radiology Report (x-ray right elbow), M.D.
- 01/20/10, 03/30/10 reports from M.D.
- 01/20/10, 02/23/10 Work Status Reports, M.D., DWC
- 12/21/09 Notice of Disputed Issue and Refusal to Pay Benefits,
- 12/18/09 telephone note, M.D., Bone & Joint Center
- 12/08/09 Radiographic Studies (right elbow), , M.D., Bone & Joint Center
- 12/07/09 MRI right shoulder, Medical Center
- 12/07/09 MRI right elbow, Medical Center
- 12/01/09 right elbow/right wrist/right hand/right shoulder radiographs, Bone & Joint Center
- 12/01/09 right elbow/right shoulder ultrasound Bone & Joint Center
- 12/01/09 to 03/16/10 reports from M.D., Bone & Joint Center
- 11/23/09 Injury Initial Examination/Evaluation Report, D.C., Wellness Center
- 11/23/09 Medical Need form letter, D.C., Wellness Center
- 11/23/09, 12/23/09 Work Status Reports, D.C., DWC
- 11/23/09 to 02/22/10 handwritten chart notes, D.C., Wellness Center
- 11/21/09 Medication Reconciliation Form, Care System
- 11/21/09 right elbow radiographs, Medical Center
- 11/21/09 ED Nursing Record, Medical Center
- 11/21/09 Preliminary Report (right elbow radiographs), Medical Center
- 11/21/09 ED Physician M.D., Medical Center
- 11/21/09 (Discharge Date), Coding Summary, System
- Undated PT and Behavioral Health referral fax cover sheet,
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is male who was injured on xx/xx/xx when he suffered a work-related arm and shoulder injury with upper extremity pain complaints. According to submitted documentation he was injured when he tripped and fell at work.

A clinical diagnostic interview was completed by M.A., MED, LPC on 02/23/2010. Official Disability Guideline recommends that a psychologist or psychiatrist be utilized in establishing a clinical psychological/psychiatric diagnosis in cases involving work injuries. The psychodiagnostic evaluation

completed by Ms. included observations regarding the injured individual's behavior, a mental status examination, and the administration of self-report inventories including the Beck Depression Inventory and Beck Anxiety Inventory. On mental status examination, a finding of dysthymic mood and constricted affect was noted. Mental status examination was otherwise normal. The injured individual also reported issues regarding elevated pain 5/10 accompanied by irritability, frustration, nervousness, muscle tension, sadness, and sleep disturbance. These were all noted to be self-assessments/self-report.

Following her evaluation of the injured individual, Ms. diagnosed DSM-IV Adjustment Disorder with Anxiety, chronic, secondary to the work injury. However, she provided no direct causal links between the injured individual's observed self-reported psychological impairment and the work-related injury. Following this diagnosis, six sessions of individual psychotherapy were suggested and a precertification for the six IPT sessions was requested. This request was denied and on reconsideration was again denied.

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

Based on review of the submitted documentation, the request for individual psychotherapy once a week for six weeks is not medically necessary. A credible diagnosis requiring psychological intervention has not been established in this case. The LPC assessment and subsequent diagnosis of DSM-IV Adjustment Disorder with Anxiety, chronic, secondary to the work injury is not scientifically credible and was not based on objective information. According to submitted documentation, the LPC based her diagnosis on information which was mainly based on a self-assessment by the injured individual including the injured individual's results on self-report inventories such as the Beck Depression Inventory and Beck Anxiety Inventory. The subsequent clinical diagnosis was noted to reflect evidence of a "chronic" Adjustment Disorder. This would not be related to the work-related injury and there was no evidence provided that this pre-existing disorder was aggravated by the work-related injury. Credible psychological testing results were not provided and would include the results of objective validated psychological tests with validity scales such as the MMPI-2 or MMPI-2-RF which provide validity checks so that it might be determined if the injured individual is reporting exaggerated disability or is magnifying his complaints. These tests also include internal validity checks to determine the presence of defensiveness, under reporting of symptoms, symptom magnification, and over reporting of somatic symptoms. When assessing a work-related injury, it is necessary to determine the presence of such tendencies and to document such findings to ensure that credible scientifically-valid diagnoses are established. It is only after a credible diagnosis has been established that Official Disability Guideline allows the selection of a credible treatment strategy which has been validated by scientific evidence.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines:

Mental Illness and Stress Chapter

Diagnosis

- Mental health science is primarily categorized by diagnosis, therefore a credible diagnostic formulation is of the greatest importance for evaluation and treatment planning.
- The diagnostic process must be primarily based on full utilization of the current version of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*.
- Psychological testing can be an extremely valuable method of introducing objectivity, credibility, and comprehensiveness into the diagnostic process, if it is used in a scientifically credible fashion.

Initial response to presenting complaint

- A case of mental illness will typically begin with the patient presenting some psychological complaint to a general medical clinician.
- The general medical clinician's expertise will often be sufficient to allow him or her to make a preliminary determination about the patient's mental illness.
- If the general medical clinician perceives the complaint to be potentially indicative of mental illness, he or she may want to recommend that mental health consultation take place outside of the workers compensation system, because...
 - It may be difficult to establish work-relatedness for a presentation of mental illness, and... Unjustified involvement in workers compensation is associated with a relatively poor clinical outcome.
- If the general medical clinician decides to address the psychological complaint as a work-related issue, the ideal next step is for the general medical clinician to administer in-house psychological testing in order to collect objective data regarding whether the patient's presentation is consistent with mental illness.
 - Such objective data will provide a scientifically credible basis for determining whether referral for mental health evaluation is justified.
 - Such objective data will provide a scientifically credible, and individualized, basis for addressing issues of potential work-relatedness.
- If the general medical clinician who is first confronted with the psychological complaint is not prepared to administer such preliminary psychological testing, it can often be arranged through some other general medical facility (such as an occupational medicine clinic), or through a psychologist who limits initial services to such testing.

Mental health evaluation

- If the preliminary steps described above produce justification for mental health evaluation, referral can be made for such.
- Such referral should typically be made to a specialist who can provide a comprehensive evaluation, such as a psychologist or psychiatrist, who will not be fettered by educational or licensure limitations.
- Ideally, the evaluation will take place outside of workers compensation, given the difficulty in establishing a mental illness as work-related, and the harmful health effects of involvement in workers compensation.
- If the evaluation needs to take place within workers compensation, then it should take place on an independent basis, with the mental health specialist agreeing that he or she will never take on a treating role for the claimant (professional standards in this regard are discussed below).

