



Specialty Independent Review Organization

## Notice of Independent Review Decision

**DATE OF REVIEW:** 11/15/10

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of individual psychological (90806) x four sessions.

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

The reviewer is a Licensed Psychologist. 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 psychological (90806) x four sessions.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): 9/17/10 individual therapy note and 9/3/10 mental health testing.

10/6/10 preauth request, individualized treatment plan, 10/11/10 preauth request with letter and 8/24/10 presurgical psych evaluation.

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 attempting to pick up 600 lbs of wire. He has been treated with surgery (June 2009), PT, medications, and injections. He completed a pre-surgical psychological screening along with the DASS-21 on August 24, 2010 with, LCSW. His pain level was reportedly a 7/10 with pain described in the legs, hips, feet, and low back. He reportedly sleeps 3-4 hours/day with frequent awakenings. At that time, he also described pain related interference in several areas including standing, sitting, and walking for long periods of time. He endorsed symptoms of depression and anxiety, as well as having experienced a traumatic event in the death of his mother and niece in a traffic accident while his father was driving the car. He endorsed a mental health history in childhood and adulthood. Results of the DASS-21 indicated moderate depressive symptoms, subclinical anxiety symptoms, and subclinical stress symptoms. He was diagnosed with a Pain Disorder Associated with Psychological Factors and a General Medical Condition and Depressive Disorder, NOS. A rule out diagnosis was provided for Major Depressive Disorder. At that time, the treatment plan included requesting additional psychological testing to determine whether there were psychosocial issues that would impact surgical outcome.

The patient completed psychological testing on September 3, 2010. The testing administered included the MMPI-2-RF, DASS-21, Coping Strategies Questionnaire, DAST-20, MAST, Chronic Pain Acceptance Questionnaire, Pain Medication Questionnaire, and Mini-Mental Status Questionnaire. Based on the results of testing, the patient was considered to have a fair surgical outcome along with significant psychosocial predictors for a poor surgical outcome. As a result, psychotherapy was recommended to address depressive symptoms, negative attitude, and to improve coping strategies for emotional and physical distress. On September 17, 2010 the patient participated in a feedback session to discuss the results of testing and reportedly was amenable to participating in psychotherapy.

A request for four sessions of individual psychotherapy was submitted, along with a treatment plan, and the request was subsequently denied by Dr. on October 11, 2010. A reconsideration request submitted on October 21, 2010 was denied by Dr.

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

The current Pain Chapter of the Official Disability Guidelines (ODG) updated 11/08/2010, subheading Psychological Treatment, states that "Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective."

The patient completed a battery of psychological testing for a pre-surgical psychological evaluation. The patient was assigned a "fair" rating to proceed with the surgery and recommendations were made to address other factors that might also affect surgical outcome, such as depressive symptoms, negative attitude, and the use of ineffective coping strategies. The patient was diagnosed with a Pain Disorder Associated with Psychological Factors and a General Medical Condition and Depressive Disorder, NOS. A request was submitted for four sessions of psychotherapy to improve surgical prognosis. The treatment plan proposed included goals to reduce psychological distress, improve coping strategies, and utilize cognitive-behavioral techniques. The request for four sessions of psychotherapy is consistent with the ODG at this time.

**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)**