

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 10/27/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Denial of individual psychotherapy times six sessions

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified in General Psychiatry and Child and Adolescent Psychiatry; in addition to performing review for independent review organizations, also serves as an expert panelist for the Texas State Medical Board

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>
	90806		Prosp						Overturn

INFORMATION PROVIDED FOR REVIEW:

- Certificate of independence of the reviewer
- TDI case assignment
- Letters of denial, 09/27/10 and 08/30/10, including criteria used in the denial
- Environmental intervention, 09/24/10
- Initial Behavioral Medicine consultation, 08/11/10
- MRI scan of lumbosacral spine and cervical spine without contrast, 06/25/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This case involves a male who suffered a work-related back injury with lower extremity pain complaints on xx/xx/xx. The patient was injured when he was lifting objects while at work.

Initial denial letter notes, "The proposed goals of the therapy are subjective and abstract only and not individualized to this patient. There are no specific, unique objective or overt behavioral goals proposed for this requested therapy, inconsistent with the expectation of achieving 'objective functional

improvement' as required (Official Disability Guidelines). Psychological or behavioral factors are irrelevant in this regard. This is a matter for the claimant's discussion with the treating physician. Per all the above, the patient is not an 'appropriately identified patient' for whom psychotherapy is both reasonable and necessary at this time (Official Disability Guidelines). Nonapproval is recommended."

Second denial letter notes, "There is no quality evidence to support the independence/unimodal provision of CBT for treatment of patients with chronic pain syndrome. There has been no recent physical therapy for this injury, and the patient continues to work. Thus, there is no report of 'lack of progress' from physical therapy sessions as required by current guidelines. Based on the documentation provided, ODG criteria were not met. It is recommended that the request for additional individual psychotherapy times six is not reasonable or necessary."

Initial Behavioral Medicine consultation dated 08/11/10 reported that he had psychological clearance completed by the, but surgery was denied by the insurance carrier. He is currently working with restrictions. He feels pressure, however, to perform or that he will lose his job and not be able to provide for his family. His pain level was nine on a scale of one to ten. He reports average daily pain as nine of ten with intermittent elevations to ten of ten since the work injury. He reports nine of ten in terms of pain interference with his normal activities, nine of ten with recreational, social, and family activities, and ten of ten as change in ability to work. It is noted that past history revealed no record of mental disorders or emotional issues impacting his independent functioning prior to the injury. He reported difficulty with acts of daily living to include self-grooming, household chores, yard work, cooking, caring for children, exercising/playing sports, driving, standing, sitting, walking, bending, squatting, lifting/carrying heavy items, climbing stairs, laughing, laying on a bed, and sexual activity. He reported his overall level of functioning prior to injury is 100% and current level of overall functioning as 10%. He described changes in relationships, more conflict with family, less involvement in family activities, less participation in social outings, feeling abandoned by co-workers, and feeling lonely/ignored/misunderstood. He endorses both initial and sleep maintenance insomnia (difficulty falling asleep and two awakenings per night due to pain). He reports sleeping eight to nine hours per night prior to the work injury and currently is sleeping five to six fragmented hours per night. He notes an increase in weight due to loss of function. He notes an increase in smoking since the injury.

Mental status exam revealed he ambulated slowly, often switching positions and grimacing during the interview. Mood was dysphoric. When asked to rate targeted symptoms on a scale of one to ten, he reported irritability and restlessness nine of ten, frustration and anger nine of ten, muscle tension/spasm eight of ten, nervousness and worry nine of ten, sadness and depression nine of ten, sleep disturbance nine of ten, and forgetfulness eight of ten. Multiaxial diagnosis was noted to include the following: Axis I, 296.22, major depressive disorder, single episode, moderate, 307.89, pain disorder associated with both psychological factors and a general medical condition, acute secondary to the work injury; Axis II, V71.09, no diagnosis; Axis III, injury to low back and neck, see medical records; Axis IV, primary support group and occupational issues; Axis V, current 57, estimated pre-injury 85+. Addendum notes the tests that were administered included the following: Beck Depression Inventory II with a score 30, consistent with severe depression, Beck Anxiety Inventory with a score of 35, reflecting severe anxiety. Responses on the Fear Avoidance Beliefs Questionnaire showed significant fear avoidance of work with a score of 39 as well as significant fear avoidance of physical activity in general with a score of 24.

Final report of MRI scan of lumbosacral spine without contrast dated 06/25/09 is as described in the previous report, and I will not repeat it here.

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

Medical records from the initial behavioral medicine consultation, addendum, and findings of the MRI scan provide evidence of significant depression, significant anxiety, and support the diagnosis of a pain disorder associated with both psychological factors and a general medical condition. Results of the MRI scan do display physical findings. The severity of symptomatology is severe. It is noted that surgical intervention was recommended, but this was not an option, as it was also denied by the managed care company. Although the denial letters quote the Official Disability Guidelines in terms of what identifies an “appropriately identified patient,” this is clearly subject to interpretation, as the ODG does support cognitive behavioral therapy targeted at improving independence and coping strategies to deal with chronic pain. Of note is that the behavioral medicine consultation also recommended a psychotropic medication consultation. There is certainly evidence to support the use of other tricyclic antidepressants in chronic pain, which have shown to be of some benefit for pain, mood, and sleep issues. There is also evidence to support the use of certain serotonin/norepinephrine re-uptake inhibitor antidepressants.

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.
- 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.)