



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 11/1/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of Individual Psychotherapy 1x/week for 6 weeks.

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

The reviewer is a Ph D with a specialty in Psychology. The reviewer has been practicing for greater than 10 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 prospective medical necessity of Individual Psychotherapy 1x/week for 6 weeks.

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): Records reviewed from: 10/15/10 letter by 9/21/10 PLN 11 report, ODG section regarding Behavioral Treatment, 9/16/10 denial letter and physician report, patient face sheet, 8/12/10 script for behavioral health, 8/27/10 behavioral health consult report, 8/27/10 addendum report, 4/1/10 to 6/25/10 follow up reports by MD, 3/14/10 initial consult report by MD, 7/15/09 lumbar MRI report, 4/7/10 DD report with DWC 69 and 4/13/10 FCE report

: 10/14/10 letter by, 9/13/10 and 9/30/10 preauth requests, environmental intervention reports 9/15/10 to 10/5/10, FABQ ODG section, 10/6/10 denial letter, 3/15/10 electrodiagnostic report and 6/17/10 progress note by, MD.

A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured on xx/xx/xx while attempting to lift a 100 pound box with a coworker. He felt immediate pain in his middle back but decided to continue to finish his shift at work, which was on a Friday. His pain worsened by Sunday and on Monday he reported his injury to his supervisor who sent him for a medical evaluation. He was taken off work for 15 days. To date, the patient has been treated with medications, injections, and physical therapy. On March 4, 2010, he was prescribed Cymbalta for chronic pain syndrome and was noted to be experiencing severe anxiety and sleep difficulties by Dr.. On April 1, 2010, Dr. changed the patient's medications from Cymbalta to Ambien to help with sleep. A designated doctor evaluation by Dr. on March April 7, 2010 indicated that the patient was at MMI as of April 7, 2010 and was eligible to return to work with restrictions. He was diagnosed with lumbar strain/sprain and a lumbar herniated disc per MRI. He was awarded a 5% whole person impairment rating.

Dr. requested a behavioral medicine consultation to assess the patient's emotional status and to recommend a treatment plan. The initial behavioral medicine consultation was conducted on August 27, 2010 by, MA, LPC. The patient did not endorse a significant medical history or history of any mental disorders or emotional issues prior to the work injury. At the time of the evaluation, he reported an average daily pain level of 5/10 with elevations in pain up to 9/10. He also endorsed lifestyle changes since the work injury that included difficulty performing ADLs, increased family conflict, decreased participation in social outings, decreased self-esteem, increased difficulty falling asleep with 5 to 6 awakenings per night, and a 50% decrease in overall physical functioning. Psychological screenings indicated severe levels of depression and anxiety via the Beck Inventories. Scores on the Fear and Avoidance Beliefs Questionnaire indicated clinically significant fears and avoidance beliefs regarding physical activity and work. As a result of the interview and testing, the patient was diagnosed with a Pain Disorder Associated with Both Psychological Factors and a General Medical Condition secondary to the work injury. The treatment plan included addressing cognitive distortions, increasing self-regulatory techniques to reduce pain, improving sleep, and improving physical functioning while addressing the mood disturbances resulting from pain. A request for six sessions of individual psychotherapy was submitted and subsequently denied by Dr. after a peer-to-peer conversation with Dr. on September 15, 2010. A reconsideration request submitted on October 8, 2010 was denied by Dr. after a peer to peer conversation with 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 10/20/2010, 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 continues to experience significant pain despite being at MMI. He is diagnosed with a Pain Disorder Associated with Psychological Factors and a General Medical Condition. The treatment plan proposed in the Initial Behavioral Medicine Consultation specifically includes goals that will address cognitive distortions and increasing self-regulatory techniques to improve physical functioning and to address mood disturbances. The request is consistent with the ODG and is therefore medically necessary.

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)**