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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/22/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual psychotherapy (IPT) times six (6) sessions as related to the lumbar spine

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Certified by the American Board of Psychiatry and Neurology

REVIEW OUTCOME:

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
9/3/10, 9/29/10
Behavioral Health Associates, Inc. 10/13/07 to 9/3/10
Neurology Center, P.A. 1/25/10
Pain and Rehab Center 2/23/10 to 4/23/10
Pain Management Center 2/15/10
D.C. 5/25/07 to 7/12/10
Mental Health Evaluation 8/23/05
Carrier Submission 222 pages, 3/2/06 to 9/20/10
Official Disability Guidelines

PATIENT CLINICAL HISTORY SUMMARY
The patient is a man who injured his lower back while at work on xx/xx/xx. He was pulling a 100-pound tire onto a vehicle when he suddenly experienced severe low back pain. MRI showed a posterior disc protrusion at L2/3, a left para-central disc protrusion at l5/s1 and an asymmetric bilateral disc bulge at L3/4. EMG showed L5/S1 radiculopathy. He underwent a series of epidural steroid injections and experienced modest improvement. He underwent a functional capacity evaluation on March 2, 2006, which showed him to be functioning in the medium physical demand capacity with regard to his job, which required heavy physical demand capacity. He underwent a work hardening program and was placed in a chronic pain program and noted to display chronic pain behavior. He experienced a reduction in his lower back pain at a follow-up visit on January 28, 2008 and was recommended to discontinue his narcotic medications. He was referred for detoxification for 16 weeks on October 7, 2008.

He received epidural injection on August 20, 2009 with significant symptomatic improvement. He underwent a required medical examination by M.D. on January 25, 2010. Dr. diagnosed him with chronic low back pain as well as radicular pain down both lower extremities, which has been relatively refractory to non-steroidal anti-inflammatory medications, narcotics, epidural steroid injections and P.T. He recommended that he see a psychiatrist 3 to 4 times each year for 30 minutes, among other suggestions. The patient also had a psychological evaluation from, M.S., L.P.C., on July 12, 2010. She diagnosed him with pain disorder associated with work related injury and requested 6 sessions of CBT. She noted in her report that he considered himself an alcoholic, drank heavily mostly on weekends.

She also noted that he is dealing with the death of his son who died at age 31 years in his sleep and that he is not able to see his grandson. His wife is disabled and recently had surgery to remove gall- stones. Since then he has been responsible for most of the housework. The insurance reviewers denied the request for the 6 sessions of CBT. The reason given is: "the claimant was injured approximately 5 years ago and has received extensive psychological treatment that has included medications, IPT, work conditioning program and 20 days of a chronic pain management program. The ODG does not recommend a repeat of a previously attempted intervention. The claimant is currently experiencing an increase in depressive and anxiety symptoms, in part, due to psychosocial issues not related to his work injury. In addition, the provider argues that an RME suggests that the claimant receive psychiatric treatment; however, the RME by Dr. does not mention psychiatric treatment but does suggest that the claimant receive services from a psychiatrist. The RME does not provide any recommendations for ongoing psychological treatment. The medical necessity of repeating a trial of six sessions of IPT has not been established at this time."

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

It is this reviewer's opinion that the findings of the two prior peer reviewers are substantiated by the medical record and the decision in this case should be upheld. The claimant's psychological evaluation indicates many significant causes for depressive symptoms, including his continued alcoholism, disability of his wife, and loss of son and access to his grandson. However, in the RME, Dr. specifies a psychiatric visit of 30 minutes 3 or 4 times yearly. By definition, this is a "medication management" visit and is clearly different from the 6 sessions of IPT requested. Dr. is most likely suggesting that the patient receive pharmacological and even suggests Cymbalta as a possible option. The patient has been treated with medications, IPT, work conditioning program and 20 days of a chronic pain management program. The ODG does not recommend repetition of these programs, thus, this denial is appropriate and in keeping with the guidelines. The reviewer finds that medical necessity does not exist for Individual psychotherapy (IPT) times six (6) sessions as related to the lumbar spine.

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

[ ] ACOEM-AMERICA 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)