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Notice of Independent Review Decision

DATE OF REVIEW: October 1, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

6 sessions of individual psychotherapy

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

Clinical Psychologist

Member American Academy of Pain Management

REVIEW OUTCOME

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Injury Clinic

- Office visits (04/14/10 - 08/27/10)
- Diagnostic (06/05/10)
- Utilization reviews (08/06/10 – 09/13/10)
- Review (08/24/10)

Insurance

- Office visits (04/14/10 - 08/27/10)
- Diagnostic (06/05/10)
- Utilization review (08/06/10 – 09/13/10)
- Review (08/24/10)

TDI

- Utilization reviews (08/06/10 – 09/13/10)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured on xx/xx/xx, when he was pulling hoses to the top of a Hemmit fueller. He missed the hoses as they were heavy and felt immediate pain in the low back that made him sick to his stomach.

The patient was initially seen by D.O., for low back pain and right leg numbness. History was positive for left arm surgery and right leg surgery. Examination revealed paravertebral spasms, tenderness in the lumbar spine, decreased

lumbar range of motion (ROM), lumbar myospasms and myositis and positive right straight leg raise (SLR) test producing numbness, tingling and dysesthesia in the right lower extremity. Dr. assessed lumbar strain/sprain, probable herniated discs at L4-L5 and L5-S1 and right lumbar radiculopathy; prescribed Darvocet-N 100 and Lyrica and placed him off work for one month. He recommended physical therapy (PT), further diagnostics and evaluations by neurosurgeon and pain management physician and released the patient to light duty with multiple work restrictions from May 13, 2010.

Magnetic resonance imaging (MRI) of the lumbar spine revealed bilateral L5 spondylolysis with grade I spondylolisthesis of 6 mm and mild broad-based disc protrusion asymmetric to the left with a small annular tear and mild left neural foraminal narrowing.

M.D., noted the patient was pain-free throughout the day but complained of intermittent episodes while twisting in bed or moving suddenly. Examination revealed good ROM and very minimal pain and tenderness in the lumbar spine. Dr. prescribed Mobic and released the patient to full duty work from June.

M.D., noted minimally tender midline lumbosacral spine extending to 30 degrees with mild pressure and flexion to 90 degrees with minimal discomfort. He reviewed nerve conduction study (NCV) that revealed no evidence of significant radiculopathy. X-rays revealed grade I spondylolisthesis at the L5-S1 level and mild sacroiliac (SI) joint degenerative changes. On MRI, Dr. noted L5 pars defect with grade I spondylolisthesis, some disc dehydration and mild central bulge. He assessed lumbar strain, L5-S1 chronic pars defect, grade I spondylolisthesis at L5-S1 and disc desiccation and mild degenerative changes at L5-S1 and recommended four weeks of PT.

On June 25, 2010, M.D., a designated doctor, opined the patient was not at maximum medical improvement (MMI) and recommended 10 sessions of physical rehabilitation.

In July, the patient underwent behavioral medicine consultation. The patient scored 12 on Beck Depression Inventory (BDI-II) indicative of minimal depression and 7 on Beck Anxiety Inventory (BAI). The evaluator assessed pain disorder associated with both psychological condition, acute, secondary to the work injury and recommended a low level of individual psychotherapy for six weeks.

Per utilization review dated August 6, 2010, the request for six sessions of individual psychotherapy was denied with the following rationale: *“The patient is a male with a date of injury of xx/xx/xx. There is a history of low back and right lower extremity (numbness) pain complaints, following reported ‘twisting’ injury. Treatment has included conservative care only. The patient continues to work with restrictions (no lifting over 10 lbs). Concurrent active rehabilitation is not associated with any reported problems of psychological or behavioral limitations, compliance or rate of progress. Apparently an orthopedic consultation is contemplated. Current medications are Mobic and Darvocet; utilizations are not reported. The current request is for six sessions of individual psychotherapy. The clinical indication and necessity of this procedure could not be established. The mental health evaluation of July 21, 2010 (3.5 months post injury) finds impression of pain disorder. This is inadequate to the present purpose. The*

utilized psychometric instrument (limited to BAI, BDI, FABQ) are inadequate/inappropriate to elucidate the pain problem, explicate any psychological dysfunction, or support differential diagnosis in this case; and there is no substantiative behavior analysis to provide relevant diagnostic information. The patient is working at this time and is progressing in PT. There is no documentation and no other data now provided, of antecedent, specific psychological risk factors predictive of a delayed recovery or risk of chronicity in this case, thus requiring a psychological or behavioral services to prevent , resolve or reduce.”

In August, D.C., noted that the patient had completed nine out of 10 days of therapy. The patient did not have any pain in his lower back, but did have some pain occasionally with physical activity such as riding a vehicle. Dr. opined there was no need for additional physical rehabilitation and recommended follow-up upon exacerbation or unforeseen complications.

In September, Dr. evaluated the patient who denied any low back pain or right leg numbness. He released the patient to full duty with no restriction.

Per utilization review dated September 13, 2010, an appeal for six sessions of individual psychotherapy was denied with the following rationale: *“The patient has been treated with conservative care and medications. The psychological evaluation on July 21, 2010, indicated that the patient was experiencing minimal depressive symptoms and minimal symptoms of anxiety. Diagnostic impression included pain disorder. The request is for six sessions of individual psychotherapy. Continued medical treatment (physical therapy sessions) of this injury has recently been completed. There is no report of lack of progress from the current medical treatment and the patient continues to work full time with restrictions.”*

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

According to submitted documents, patient has progressed well throughout his treatment. He received 10 PT sessions along with conservative medication management. He is currently diagnosed with a lumbar strain/sprain and lumbar herniated disc, resolved. Dr.’s office note of 9/9/10 shows patient “denies any back pain or right leg numbness today. He states that he does have some intermittent low back pain but nothing sustained...Review of his EMG was normal.” Patient was released to full duty with no restrictions. Likewise, behavioral evaluation found no significant results on the BDI, BAI, or FABQ. Patient therefore does not qualify for a mental health diagnosis and the current request for IT cannot be considered medically necessary.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES