



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

10/12/2010

DATE OF REVIEW: 10/12/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual psychotherapy sessions 6 visits (90806)

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

Texas State Board of Examiners of Psychologist

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to Medwork 09/22/2010
2. Notice of assignment to URA 09/22/2010
3. Confirmation of Receipt of a Request for a Review by an IRO 09/21/2010
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 09/20/2010
6. Letter 09/07/2010, letter 09/07/2010, peer review 09/03/2010, 08/09/2010, pre-auth 08/30/2010, peer review 08/05/2010, letter 08/05/2010, pre-auth 08/03/2010, medical note 07/02/2010, 04/26/2010, orders 03/29/2010
7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

The injured employee reportedly sustained an injury on xx/xx/xx. He was reportedly trying to break up a dog fight when he was bitten by a dog. He went to the company doctor and received a tetanus shot, antibiotics, and was sent back to work. He had a surgery to repair the laceration of the ulnar nerve and artery of the right thumb on April 21, 2010. He then received 2 weeks of physical therapy. He is taking naproxen, amitriptyline, and hydrocodone. His pain level of 5 to 9/10 and high self reports of irritability, frustration and anger, muscle tension/spasm, nervousness and worry, sadness and depression, and sleep disturbance on a behavioral medicine consultation dated April 26, 2010. An MMPI-2-RF, and MBMD were conducted and were



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reportedly valid and reflected profiles consistent with chronic pain patients. He obtained a score of 25 on the BDI-2 and 30 on the BAI. He reported significant fear avoidance issues as well. His final diagnoses were pain disorder associated with both psychological factors and a general medical condition, and major depressive disorder with a GAF of 65. The review request is for individual psychotherapy sessions 6 visits (90806).

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

Referring to the Official Disability Guidelines, Mental Illness, and Stress Chapter: Psychotherapy recommended. Cognitive behavioral therapy for depression is recommended based on Meta-analysis that compares these with pharmaceuticals. Cognitive behavioral therapy fared, as well as antidepressant medication with severely depressed outpatients in 4 major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psychotherapy). (These are the references: Paykel, 2006) (Bockting, 2006), (DeRubeis, 1999), and (Goldapple, 2004). It also fared well in a Meta-analysis comparing 78 clinical trials from 1977 to 1996 (Gloaguen, 1998). In another study, it was found that combined therapy (antidepressant plus psychotherapy) was found to be more effective than psychotherapy alone (Thase, 1997). A recent high-quality study concluded that a substantial number of adequately treated patients did not respond to antidepressant therapy (Corey-Lisle, 2004). A recent Meta-analysis concluded that psychological treatment combined with antidepressant therapy is associated with a higher improvement rate than drug treatment alone. In longer therapies, the additional of psychotherapy helps to keep patients in treatment (Pampaliona, 2004). The gold standard for the evidence-based treatment of MDD is a combination of medication (antidepressants) and psychotherapy. The primary forms of psychotherapy that have been most studied through research are cognitive behavioral therapy and interpersonal therapy (Warren, 2005). Referring to the Official Disability Guidelines, psychotherapy guidelines: Initial trial of 6 visits over 6 weeks. With evidence of objective functional improvement, total of up to 13 to 20 visits over 13 to 20 weeks of individual sessions.

The reviewed documentation establishes that the requested individual psychotherapy sessions 6 visits (90806) is reasonable and necessary based on the ODG guidelines; therefore, the insurer's adverse determination is overturned. The injured employee is reporting symptoms of psychological distress to include depression, anxiety, and high pain levels. He has not had psychological treatment for this injury. As the employee has had medical treatment for his injury and has not reportedly returned to work, reports physical limitations and high pain levels, as well as psychological distress.

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 KNOWLEDGBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES



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- 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)**