MEDRx

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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 10/11/10

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**
The item in dispute is the prospective medical necessity of 6 sessions of individual psychotherapy.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**
The reviewer is a Ph D in psychology who is also a Licensed Professional Counselor. This reviewer has been practicing for greater than 5 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 agrees with the previous adverse determination regarding the prospective medical necessity of 6 sessions of individual psychotherapy.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**
Records were received and reviewed from the following parties: Injury Clinic and Indemnity

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Injury Clinic: letter – 9/23/10, Pre-auth request – 8/9/10, Environmental Intervention Report – 8/12/10, Reconsideration Request – 9/2/10, Patient Face Sheet – 6/16/10, Initial Behavioral Medicine Consult report – 7/29/10; MD Psych Eval

Script – 7/22/10, Follow-up Note – 6/24/10-8/19/10; Denial Letters – 8/12/10 & 9/10/10; and , MD Lumbar Spine MRI – 6/22/10.

Records reviewed from Indemnity: Injury Clinic Initial Evaluation report – 5/24/10.

A copy of the ODG was not provided by the Carrier/URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a female who was injured while repetitively lifting heavy objects at xxx. She reported the low back pain to HR on xx/xx/xx. An MRI of the lumbar spine without contrast on 6/22/10 revealed a L5-S1 disc bulge with slight effacement of the thecal sac and descending nerve root and Tarlov cyst. She has received physical therapy 3 times a week for 4 weeks. She continues working with limited lifting of 15 pounds. Her Beck Depression Inventory (BDI-II) and Beck Anxiety Inventory (BAI) revealed minimal levels of anxiety and depression. The patient reported that pain interferes with her ability to maintain sleep resulting in an average of 4 hours of interrupted sleep per night.

She is a divorced mother of one daughter who reports increased support from family and friends following her injury. She endorsed high levels of pain and frustration tolerance difficulties.

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

The patient is currently endorsing minimal anxiety and depression concerns. Based on the high pain levels she is reporting and the concurrent difficulties with sleeping more than 4 interrupted hours of sleep nightly, increased symptoms of anxiety and depression are to be expected. Treatment notes indicate that she is reporting improvements in pain levels following physical therapy. According to treatment notes at this time, the patient is responding to therapy, has a strong support network and is reporting only minimal levels of anxiety and depression. There are no notes that indicate individual psychotherapy is needed or appropriate at this time per the reviewer.

**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)** Harnessing the Power of the Placebo Effect and Renaming It "Remembered Wellness" *Herbert Benson, M.D, Richard Friedman, Ph.D* Annual Review of Medicine, February 1996, Vol. 47, Pages 193-199

☒ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)** Frank, R. G. & Elliott, T. R., Eds. (2000). Handbook of Rehabilitation Psychology. Washington, DC: American Psychological Association.