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Notice of Independent Review Decision  
**IRO REVIEWER REPORT**

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**DATE OF REVIEW:** 8/27/10

**IRO CASE #:**                      **NAME:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Determine the appropriateness of the previously denied request for individual psychotherapy, 4 sessions over 4 weeks – CPT code 90806.

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

Texas licensed clinical 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.

The previously denied request for individual psychotherapy, 4 sessions over 4 weeks – CPT code 90806.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- Referral dated 8/23/10.
- Request for Authorization dated 8/11/10, 7/27/10.
- Reconsideration Request for Individual Psychotherapy dated 8/3/10.
- Pre-Authorization Request for Behavioral Medical Services dated 7/7/10.
- Physical Examination and Consultation dated 5/26/10.
- Notice of Disputed Issue(s) and Refusal to Pay Benefits dated 9/28/07.

**PATIENT CLINICAL HISTORY (SUMMARY):**

Age:

Gender: Male

**Date of Injury:** xx/xx/xx

**Mechanism of Injury:** While walking down a hallway, he fell and his knee buckled.

**Diagnosis:** Internal derangement of the knee, sprain and strain of unspecified site of hip and thigh and pain disorder associated with psychological factors and general medical condition.

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

This male sustained an injury on xx/xx/xx, while working. The mechanism of injury occurred while walking down a hallway, he fell and his knee buckled. According to the available medical record, the incident was reported to his supervisor. The claimant's diagnoses were internal derangement of the right knee, sprain and strain (unspecified site) of hip and thigh, pain disorder associated with psychological factors and a general medical condition. According to the available medical record, the claimant has had conservative treatment as well as right knee surgery and a lumbar fusion. There was no indication of mental health treatment in the medical record. He was referred to, LPC, for a psychological evaluation by his treating physician, as he had not made progress during his last PT sessions and he continued to report higher levels of pain and discomfort. After this reviewer's analysis of the data, it appeared that on 6/29/10, Mr. did a good job of assessing the claimant and noting his levels of depression, anxiety and specifically, his fear related concerns of re-injury. Dr. initially reviewed the request for services and recommended an adverse determination based on clinical indication and that medical necessity could not be established based on the guidelines referenced (ODG, ACOEM). Dr. continued to state that although there were impressions of a pain disorder in the mental health evaluation, he felt that the psychometric instruments utilized were inadequate and inappropriate to elucidate the pain problems of the claimant. He also stated that he felt there was no data in the mental health evaluation to explicate a psychological dysfunction or support differential diagnosis in this case. He further stated that there was no substantive behavior analysis to provide relative diagnostic information. The appeal was reviewed by Dr.. Dr. was in agreement with Dr. and further stated that treatment goals were not individualized nor were the goals objectively stated in the mental health assessment by Mr., LPC. Dr. did not feel the claimant was an "appropriately identified patient," based on the mental health assessment received. He stated that the ODG and ACEOM guidelines do not support the use of independent/unimodal therapy with this type of patient. This reviewer does not agree with the past reviews which stated that the assessments were not extensive enough, the instruments used were inappropriate and that CBT was only appropriate when treating depression and anxiety, specifically, and not related to chronic pain. The guidelines are clear in the recommendation of CBT for the treatment of chronic pain. The provider was not asking for the claimant to attend a CPMP, work hardening program, assessment for surgery, etc. He requested 4 session of individual psychotherapy over 4 weeks (CPT code 90806). The ODG for Behavioral Interventions and Cognitive Behavioral Therapy (CBT) recommends CBT stating, "The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Several recent reviews support the assertion of efficacy of cognitive-behavioral therapy (CBT) in the treatment of pain, especially chronic back pain (CBP). (Kröner-Herwig, 2009) See the Low Back Chapter, "Behavioral treatment", and the Stress/Mental Chapter. See also Multi-disciplinary pain programs. The ODG for CBT (chronic pain) state, "Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy

for these 'at risk' patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone: - Initial trial of 3-4 psychotherapy visits over 2 weeks, - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." The ODG for psychotherapy state, "- Initial trial of 6 visits over 6 weeks, - With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)." Extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials. Although short-term psychotherapy is effective for most individuals experiencing acute distress, short-term treatments are insufficient for many patients with multiple or chronic mental disorders or personality disorders. (Leichsenring, 2008)" Based on the guidelines, available medical records, and this reviewer's clinical interpretation, the previous adverse determination for 4 sessions of individual psychotherapy (CPT code 90806) is overturned.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.  
Official Disability Guidelines (ODG), Treatment Index, 8th Edition (web), 2010, Low Back - Behavioral Interventions; Mental Illness & Stress, Cognitive therapy for depression.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).