

Becket Systems

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/02/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy x 6 sessions 90806

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

MD, Board Certified Psychiatrist

American Board of Psychiatry and Neurology

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG

, 7/28/10, 8/13/10

, 8/18/10, 7/19/10, 6/30/10, 8/9/10

Injury Center, 6/25/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male who sustained a work related injury on xx/xx/xx while working. He was injured while unloading inventory from pallets. In Feb 2000, he underwent an L4-L5, L5-S-1 laminectomy discectomy. After beginning postoperative therapy, the disk re-herniated and a fusion was performed of the same levels in Oct 2001. He has chronic pain which has been treated, in addition to surgical procedures, with physical therapy, pain injections, TENs unit, spinal cord stimulator, work hardening, aquatic therapy, CPM and medications. None of the modalities has successfully lowered his pain to a manageable level. His current medications include hydrocodone, soma, Ultram, Neurontin and Pantoprazole. A consultation dated 6/25/2010 states that another procedure has been recommended to repair a broken rod at the L4-L5 level and extend the fusion up to L3-L4 because of an unstable segment and disk degeneration at that level. The patient has stated he does not wish to proceed with this because of the poor result from his previous procedures. A psychological evaluation diagnosed him with pain disorder with both psychological factors and a general medical condition. A request for 6 sessions of individual psychotherapy was made to help him cope with his condition. A specific treatment plan was set up with goals that included decrease emotional distress, depression, anxiety, assist him in developing alternative methods to manage his fears and pain, help him increase adjustment to lifestyle changes, decrease negative cognitions and increase positive self talk and learn relaxation techniques that will help with stress and pain.

The request was turned down with the reviewer stating the request did not mention possible surgery and also stated that the patient had attended a CPMP two years prior so he should be able to use the techniques learned at that point. An appeal was filed, and a reviewer then

turned down the request stating that the patient has not been placed on psychotropic medication for management of psychological symptomatology.

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

This patient does meet ODG guidelines for psychological treatment involving his chronic pain. The treatment goals are consistent with the ODG guidelines. The current mental health treatment team does not know precisely which behavioral techniques were used two years previously in the patient's CPMP. This is not a sufficient reason for denial of treatment. The patient at present is in a great deal of distress. The requesting provider has completed an evaluation of current problems and adopted a fresh approach to treatment. Individual therapy would be quite appropriate to help the patient deal with his barriers to recovery and negative view of the proposed surgery. Prior reviewer turned down the request stating that the patient has not been placed on psychotropic medication for management of psychological symptomatology. The records indicate the patient is on a great deal of medications already and seems to be having considerable side effects. Based on this, adding another medication may not be appropriate in this patient's case. However, ODG guidelines for treating depression point to the added efficacy of combining CBT with medications. For these reasons, the reviewer finds that there is medical necessity for Individual Psychotherapy x 6 sessions 90806.

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

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)