

SENT VIA EMAIL OR FAX ON  
Apr/14/2011

**True Decisions Inc.**  
An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Apr/14/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Individual Psychotherapy X 6 sessions over 8 weeks

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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

1. Cover sheet and working documents No Date
2. Notice of assignment of Independent Review Organization dated 03/31/11
3. Patient face sheet dated 09/09/10
4. Consult note dated 12/10/09
5. Preauthorization request form dated 02/15/11, 03/02/11
6. Medical records Dr.
7. EMG/NCV dated 12/18/09
8. Initial orthopedic consultation dated 02/16/10
9. Mental health evaluation / treatment request dated 01/03/11
10. Initial diagnostic screening dated 01/13/11
11. Utilization review determination dated 02/18/11, 03/28/11
12. Response to denial letter dated 02/25/11

## **PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xx. The patient began to experience severe pain to his right elbow and his low back. Consult note dated 12/10/09 indicates the patient is scheduled for designated doctor evaluation on 12/21/09, and the patient has completed 9 sessions of physical therapy to date, as well as injection to his elbow and medication management. Initial orthopedic consultation dated 02/16/10 indicates that the patient complains of low back pain rated as 7-8/10 as well as right elbow pain. Diagnostic impression notes right lateral epicondylitis, rule out herniated lumbar disc, and left leg radiculopathy. The patient was recommended to undergo MRI of right elbow as well as cortisone injection to elbow. A lumbar MRI was also recommended. Follow-up office visit dated 06/12/10 indicates the patient underwent a designated doctor evaluation on 12/01/09. The patient was determined to have reached maximum medical improvement as of 12/01/09 and was provided a 0% whole person impairment rating. Follow-up note dated 11/22/10 indicates the patient reports he feels desperate and angry because of diminished activity with right upper extremity. The patient was recommended to undergo MRI of the right elbow and EMG/NCV of lower extremities, and the patient was recommended for chronic pain management program. Initial diagnostic screening dated 01/13/11 indicates current medication is OTC Advil. Mental status exam noted orientation was intact for person time and place. The patient's attitude was open and cooperative. Affect was appropriate to verbal content and showed broad range. Memory functions were grossly intact. His thought process was intact, goal oriented, and well organized. Thought content revealed no evidence of delusions, paranoia, or suicidal / homicidal ideation. BDI is 17 and BAI is 20. Diagnosis is listed as adjustment disorder, with mixed anxiety and depressed mood. The patient was subsequently recommended for 6 sessions of individual psychotherapy to decrease Beck scales and decrease sleep questionnaire.

The initial request of 6 sessions of individual psychotherapy was non-certified on 02/18/11 noting ACOEM guidelines state "there is no quality evidence to support the independent / unimodal provision of CBT for treatment of patients with chronic pain syndrome." "There is no known effective psychotherapeutic treatment for such disorders (somatoform, mood, or anxiety disorders)." The patient's presentation is consistent with chronic pain disorder, and the evaluation diagnoses a chronic pain disorder. The patient's injury is over 2 years old. The request is not consistent with ODG and ACOEM Guidelines concerning use of individual psychotherapy with this type of patient who is reporting chronic pain.

The denial was upheld on appeal on 3/28/11 noting that psychotherapy has been repeatedly denied in this case with various providers. The mental health evaluation of 01/13/11 finds impression of adjustment disorder; however, this is an inadequate assessment for purpose requested. The evaluation does not "...2) elucidate the current psychological and behavioral factors which are salient in maintaining the complaints and dysfunction; 3) assess the likely pre-morbid factors which may be contributory..." The mental health evaluation also does not include "a battery of appropriate and valid diagnostic psychological tests" for this purpose. There are no indications found for which psychotherapy is relevant at this time.

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

Based on the clinical information provided, the request for individual psychotherapy x 6 sessions over 8 weeks is not recommended as medically necessary, and the two previous denials are upheld. There is no mention in the submitted records of any psychological symptomatology prior to initial diagnostic screening dated 01/13/11. There is no indication that the patient presents with psychological symptoms that have impeded the patient's progress in treatment completed to date. The patient is not currently taking any psychotropic medications. The initial diagnostic screening dated 01/13/11 indicates the patient is currently taking over the counter Advil only. Given the current clinical data, the request for individual psychotherapy x 6 sessions over 8 weeks is not indicated as medically necessary, and the two previous denials are upheld.

**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)