

# Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038

972.906.0603 972.255.9712 (fax)

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## Notice of Independent Review Decision

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**DATE OF REVIEW:** AUGUST 23, 2011

**IRO CASE #:**

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

Medical necessity of proposed individual psychotherapy (90806) X 4 visits

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Psychology and is engaged in the full time practice of psychiatric medicine.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- XX Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
307.89	90806		Prosp	4					Overturned

TDI-HWCN-Request for an IRO- 16 pages

Respondent records- a total of 29 pages of records received to include but not limited to:  
Request for an IRO forms; letters 7.14.11, 7.25.11; Preauthorization request 7.11.11, 7.19.11;  
records 6.13.11-7.18.11

Requestor records- a total of 34 pages of records received to include but not limited to:  
Fax confirmations; Request for an IRO forms; letters 7.14.11, 7.25.11; records 6.13.11-7.26.11

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

Case summary: The patient struck her head on a file cabinet and has had 8 months of headache and neck pain since her injury despite physical therapy and pain medications. She was referred for psychological evaluation. She was diagnosed with a pain disorder. Psychological testing was administered that suggested moderate to severe levels of depression and anxiety, high levels of fear avoidance for physical activity, and a moderate perception of disability. The psychologist recommended a trial of 4 individual psychotherapy sessions.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

Rationale:

The ODG recommends the following for psychotherapy for chronic pain:

Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested:

Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention.

Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy.

Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. See also ODG Cognitive Behavioral Therapy (CBT) Guidelines. (Otis, 2006) (Townsend, 2006) (Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005) See also Psychosocial adjunctive methods in the Mental Illness & Stress Chapter. Several recent reviews support the assertion of efficacy of cognitive-behavioural therapy (CBT) in the treatment of pain, especially chronic back pain (CBP). (Kröner-Herwig, 2009)

The request for a trial of 4 individual sessions also falls within the guidelines. The patient meets medical necessity criteria.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES