

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 08/16/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Psychotherapy x 6 visits over 8 weeks

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

The TMF physician reviewer is board certified in physical medicine with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the psychotherapy x 6 visits over 8 weeks is medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 07/28/11

- Review determination from – 07/13/11, 07/21/11
- Preauthorization request for behavioral medical services from Behavioral Health – no date
- Clinical observations/comments by – 07/05/11
- Reconsideration request for individual psychotherapy – 07/14/11
- Request for behavioral medical services from Behavioral Health – no date
- Letter from Behavioral Health to TMF – 07/28/11
- Referral form from treating physician to Behavioral Health by Dr. – 06/17/11
- Re-evaluation by Dr. – 05/20/11 to 06/17/11
- Office visit notes by Dr. – 02/23/11 to 06/08/11
- Operative note by Dr. – 08/20/10, 03/14/11
- Report of CT scan of the left wrist – 06/01/10, 02/28/11
- Initial evaluation by Dr. – 02/28/11
- Report of MRI of the left wrist – 05/17/10, 02/21/11
- Report of x-rays of the left wrist – 05/07/10

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury on xx/xx/xx when he was cutting two 25 ft. 2 x 6 pipes and one pipe fell on his left wrist. His treatment included conservative care with rehabilitative physical medicine modalities as well as surgical procedures. He underwent a fusion in August of 2010 and subsequent studies suggested a nonunion of the fracture fragment requiring a fusion of the capitate and hamate in xx/xx/xx followed by 19 post operative therapy sessions. He underwent a psychological evaluation that indicated that the patient was experiencing moderate depressive symptoms and moderate symptoms of anxiety with a diagnostic impression of chronic pain syndrome. There is a request for psychotherapy x 6 visits over 8 weeks.

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

The ODG does address the role of psychological screening for work hardening:

Criteria for admission to a Work Hardening (WH) Program:....

Screening should include adequate testing to determine if the patient has attitudinal and/or behavioral issues that are appropriately addressed in a multidisciplinary work hardening program. The testing should also be intensive enough to provide evidence that there are no psychosocial or significant pain behaviors that should be addressed in other types of programs, or will likely prevent successful participation and return-to-employment after completion of a

work hardening program. The step 2 section from the psychological section of the Pain Chapter of the ODG, notes the appropriateness of “brief individual or group therapy.” While no specific number of sessions are cited, the requested 6 visits over 8 weeks would appear to meet this criteria.

From the pain section:

Psychological treatment

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 post-traumatic 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 patient hat 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 professionals allowing for a multidisciplinary treatment approach.

Chronic pain programs (functional restoration programs)...

Role of comorbid psych illness: Comorbid conditions, including psychopathology, should be recognized as they can affect the course of chronic pain treatment. In a recent analysis, patient with panic disorder, antisocial personality disorder and dependent personality disorder were more than 2 times more likely to not complete interdisciplinary programs. Personality disorders in particular appear to hamper the ability to successfully complete treatment. Patients diagnosed with post-traumatic stress disorder were 4.2 times more likely to have additional surgeries to the original site of injury (Dersh, 2007). The prevalence of depression and anxiety in patients with chronic pain is similar. Cohort studies indicated that the added morbidity of depression and anxiety with

chronic pain is more strongly associated with severe pain and greater disability (Poleshuck, 2009) (Bair, 2008).

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)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME

FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)