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Notice of Independent Review Decision

DATE OF REVIEW: 08/24/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: 90806 Individual Psychotherapy 1 xwk x6wks

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

Texas Licensed Psychologist

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical notes dated 02/23/11 through 07/05/11
2. X-rays of the right ankle dated 02/04/11
3. X-ray of the left tib/fib region dated 02/04/11
4. X-ray of the left shoulder dated 02/04/11
5. Initial behavioral medicine consultation dated 06/23/11
6. An MRI of the left shoulder dated 06/24/11
7. A previous utilization review dated 07/06/11 and 07/26/11.
8. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx.

The initial behavioral medicine consultation dated 06/23/11 detailed the employee undergoing a battery of psychological evaluations. The employee was noted to have

scored a 24 on his BDI-2, 8 on the BAI, 24 on the FABQ-PA and a 39 on the FABQ-W. The employee rated his pain at that time as 7-8/10.

An MRI of the left shoulder dated 06/24/11 revealed a full thickness tear of the supraspinatus tendon with retraction.

A clinical note dated 07/05/11 detailed the employee continuing with complaints of pain. The note detailed the employee utilizing pharmacological interventions for ongoing pain relief. The employee related a moderate depression. On physical examination, the employee's left shoulder was noted to show tenderness upon deep palpation.

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

The documentation submitted for review elaborates the employee complaining of ongoing left shoulder pain. Evidence-based guidelines recommend individual psychotherapy provided the employee meets specific criteria. No documentation was submitted regarding the employee's elevated psychological scores. The employee was noted to complain of moderate depression; however, the employee was also noted to be undergoing psychotropic medications for this issue. The behavioral medicine consultation details the employee having a supportive spouse. The employee further stated that he is able to cope with his ongoing pain with personal strengths and resources and is able to distract himself.

Given the lack of elevated psychological scores revealed on the employee's battery of evaluations, this request does not meet guideline recommendations. As such, the clinical documentation submitted for review does not support the certification of the request at this time.

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

Official Disability Guidelines, Pain Chapter, Online Version:

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 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 Multidisciplinary 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-behavioral therapy (CBT) in the treatment of pain, especially chronic back pain (CBP). (Kröner-Herwig, 2009)