

Notice of Independent Review Decision

**DATE OF REVIEW: AUGUST 10, 2011**

**IRO CASE #:**

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

Individual psychotherapy x6 sessions CPT 90806

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

The physician performing this review is Board Certified, American Board of Physical Medicine & Rehabilitation. He is certified in pain management. He is a member of the Texas Medical Board. He has a private practice of Physical Medicine & Rehabilitation, Electrodiagnostic Medicine & Pain Management in Texas. He has published in medical journals. He is a member of his state and national medical societies.

**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.

Upon independent review, I find that the previous adverse determination should be upheld. The evidence-based medical ODG guidelines have not been met for this service.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records Received: 23 page fax 07/21/11 Texas Department of Insurance IRO request, 48 page fax 07/22/11 Carrier response to disputed services including administrative and medical. Dates of documents range from 4/25/11 to 07/21/11

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The medical records provided indicate that this individual sustained an injury involving the low back. He has undergone extensive treatment, including physical therapy, injections, surgery of the bilateral L4-5 with laminotomy and discectomy, as well as bilateral L5-S1 laminotomy, foraminotomy, and discectomy performed 07/15/09. Surgery was performed by Dr..

The patient apparently returned to work following the surgery but has not been working since October 2009. The records seem to indicate that his lumbar surgery in July 2009 was subsequently followed with a return-to-work work-hardening program with failure to show improvement in functional capability and persistence of pain symptoms. It is also indicated that he has had some individual psychotherapy, which has not resulted in any objective or subjective findings. The records seem to indicate that he was able to achieve only sedentary to light physical demand category. At the time of his injury, he was working as a construction laborer.

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

ODG criteria, ACOEM (American College of Occupational and Environmental Medicine).

Evidence-based medical criteria such as the ODG as well as the ACOEM criteria indicate that in light of the failure of a prior work-hardening program, failure of individual psychotherapy, and no subsequent or substantive change in either objective physical findings or symptomatic findings, he remains significantly disabled. There is no indication that prior forms of related treatment have resulted in any positive outcome. He thus fails to meet the criteria for additional psychotherapy.

IRO Psychotherapy

<p>Psychological treatment</p>	<p>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:</p> <p><u>Step 1:</u> 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.</p> <p><u>Step 2:</u> 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.</p> <p><u>Step 3:</u> 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 <a href="#">Multi-disciplinary pain programs</a>. See also <a href="#">ODG Cognitive Behavioral Therapy (CBT) Guidelines</a>. (<a href="#">Otis, 2006</a>) (<a href="#">Townsend, 2006</a>) (<a href="#">Kerns, 2005</a>) (<a href="#">Flor, 1992</a>) (<a href="#">Morley, 1999</a>) (<a href="#">Ostelo, 2005</a>) See also <a href="#">Psychosocial adjunctive methods</a> in the Mental Illness &amp; 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). (<a href="#">Kröner-Herwig, 2009</a>)</p>
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**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)**