

# C-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

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

**IRO CASE #:**

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

Individual psychotherapy (1wk6) or 6 sessions, CPT 90806

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

MD, Certified by the American Board of Psychiatry and Neurology  
Licensed by the Texas State Board of Medical Examiners

**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**

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a xx-year-old male who was injured at work. He was lifting and pushing an old overhead door when he suddenly felt a sudden onset of sharp pain to the posterior aspect of his neck which radiated down his mid back to his low back and his right lower extremity. He was diagnosed with a lumbar radiculopathy. He was had a neurosurgical consultation and a DDE, which are not in evidence. More recently he has undergone an orthopedic evaluation with Dr. who is trying to overturn his impairment rating, which is at 5%. He also underwent a behavioral medicine evaluation and was given the diagnosis of adjustment disorder, with mixed anxiety and depressed mood. His testing revealed mild to moderate depression on the BDI and a score of "crippled" on the revised Owesry Low Back Pain Disability Questionnaire. A request was made for 6 sessions of individual psychotherapy. The reviewers for the insurance company denied the request. The reviewer's rationale was that there was "no substantive behavior analysis to provide relevant diagnostic information. Appropriate treatment cannot be based on inadequate evaluation. The patient's history and clinical presentation is clearly consistent with inference of a chronic benign pain syndrome." The reviewer feels that psychotherapy has no demonstrated benefit for this in the context of a chronic pain problem. L.P.C., wrote an appeal letter to address these objections. She clarified that the therapy is to address the patient's depression and anxiety related symptoms. She cites ODG "cognitive behavioral interpersonal psychotherapy is recommended treatment intervention to treat affective functioning deficits. As with all therapies, an initial trial may be warranted, with continuation only while results are positive."

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

The appeal letter does address the concerns of the prior peer reviewers. First of all, the reviewer objects to the instruments used for the evaluation. However, the instruments used

are consistent with ODG. CPMP requires more intensive evaluation than is required for an initial trial of psychotherapy. ODG does recommend such an initial trial of psychotherapy, as suggested in the appeal letter. The reviewer finds that medical necessity exists for Individual psychotherapy (1wk6) or 6 sessions, CPT 90806.

**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)