



Notice of Independent Review Decision

REVIEWER'S REPORT

**DATE OF REVIEW:** 02/14/11

**IRO CASE #:**

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

Denial of individual therapy, six sessions

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified in General Psychiatry and Child and Adolescent Psychiatry

**REVIEW OUTCOME:**

"Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
847.20	90806		Prospective						Overturn
842.00			Prospective						Overturn
719.48			Prospective						Overturn

**INFORMATION PROVIDED FOR REVIEW:**

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This case involves a xx-year-old male with complaints of low back, left wrist, hand and elbow, and right foot pain (including radiation and numbness in the toes). Letters of denial stated that documented goal are subjective and not individualized to this patient. This claimant has been denied psychotherapy in its entirety."

Initial Behavioral Medicine Consultation notes state that the injured worker denies receiving any therapy for his injuries. In terms of patient's description of pain, he self-rates his pain on a scale of one to ten with ten being the worst at 7/10. He reports his average daily pain as 6/10 since the work injury. When asked to quantify the level of interference his pain has had on his recreational, social, and familial abilities, he rates these all at 6/10, for pain interference with normal activities, 6/10, and change in ability to work at 5/10. Per report he was terminated and is unemployed but attending college. In terms of lifestyle changes related to the injury, it is noted that he reports difficulty with acts of daily living to include: exercise/playing sports, sitting, standing, walking, bending, and squatting. He reports his level of overall functioning prior to his injury as 95%, and his current level of overall functioning as 50%. He describes changes in relationships as less involvement in family activities and less participation in social outings. He endorses both initial and sleep maintenance insomnia with difficulty falling asleep and multiple awakenings per night due to pain. He reports a decrease in appetite due to his loss of function.

On mental status exam/clinical observations, it is noted he appeared appropriate and was well groomed. His mood was dysthymic. His affect was constricted. He scored 17 on the Beck Depression Inventory-II, indicating mild depression. His score on the Beck Anxiety Inventory was 12, reflecting mild anxiety. Multiaxial diagnosis included the following: Axis I: 307.89, pain disorder associated with both psychological factors and a general medical condition, acute; Axis II: V71.09, no diagnosis; Axis III: Injury to low back, wrist, elbow, hand and foot - see medical records; Axis IV: Primary support group, social environment, economic and occupational issues; Axis V: GAF current 59, estimated pre-injury 85+.

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

The initial Behavioral Medicine Consultation notes impairment in lifestyle changes related to the injury. There is evidence of several neurovegetative symptoms of major depression. Mental status exam notes mood was dysthymic, and affect was constricted. Objective measures such as the Beck Depression Inventory and Beck Anxiety Inventory do note evidence of mild depression and anxiety.

A recent issue of Audio Digest Psychiatry focused on pain management, Volume 40, Issue 01 notes the following: In chronic pain states, damage and inflammation to peripheral tissues cannot accurately predict subjective pain; studies consistently show poor correlation between chronic pain states and condition of peripheral tissues. .

Psychologic treatment addresses the consequences of chronic pain (e.g., the stress due to lack of normal functioning, psychiatric co-morbidities, maladaptive behavior, catastrophizing, external locus of pain control, i.e. helplessness, pain and fatigue). Treatments backed by strong evidence include cognitive behavioral therapy.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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.

**INDEPENDENT REVIEW INCORPORATED**

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- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines: Audio Digest Psychiatry, Volume 40, Issue 01.