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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 2/11/2011

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of 6 additional sessions of individual psychotherapy.

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

The reviewer is a Licensed Psychologist who is board certified in Psychology. The reviewer has been practicing for greater than 10 years.

**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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of 6 additional sessions of individual psychotherapy.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient was injured on xx/xx/xx after lifting 25 lb. boxes at work. After lifting one of the boxes, she felt an immediate sharp pain that left her unable to stand or move. She was seen by a doctor on March 3, 2009 who took X-rays and prescribed medications. The claimant participated in conservative treatments prior to surgery that included six sessions of individual psychotherapy (IPT), medications, and injections. Dr. performed a decompression, fusion and discectomy at L4-L5 and L5-S1 on November 12, 2010.

A Treatment Progress Report conducted on November 22, 2010 indicated that the claimant met criteria for a Pain Disorder Associated with Psychological Factors and a General Medical Condition; Depressive Disorder, NOS, Related to Injury Medical Condition; Anxiety Disorder, NOS, Related to Injury Medical Condition; and Occupational Problem. Re-administration of the Beck Depression Inventory after the initial trial of six sessions of IPT indicated an increase in depressive symptoms (from a 23 to a 29). Scores on the Beck Anxiety Inventory decreased 3 points from a 39 to a 36. Scores on the Sleep Questionnaire indicated a six point decrease suggesting that the patient's sleep had improved. Re-administration of the Patient Pain Drawing indicated no change in pain level, the patient's pain level remained at a 10/10. Scores on the McGill Pain Questionnaire also increased from 27 to a 57. Scores on the Oswestry Low Back Pain Disability Questionnaire decreased from 76% to 72%. On the Pain Experiences Scale, the patient reported a decrease in reactivity to pain from a score of 91 to 84.5. Finally scores on the Fear Avoidance Beliefs Questionnaire increased from a 20 on the Physical subscale and 42 on the work subscale to a 24 on the Physical subscale and 42 on the Work subscale.

A request for an additional six sessions of individual psychotherapy was submitted, along with a treatment plan. The request was subsequently denied by PhD on December 23, 2010. Ms. submitted a "Response to Denial Letter" on December 28, 2010. The reconsideration request was denied by, PhD, ABPP on January 18, 2011.

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

The current Low Back Chapter of the Official Disability Guidelines (ODG) updated 01/14/2011, subheading Behavioral Treatment, states that “ODG cognitive behavioral therapy (CBT) guidelines for low back problems: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these “at risk” patients should be physical therapy (PT) exercise instruction, using a cognitive motivational approach to PT.

Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone:

- Initial trial of 3-4 psychotherapy visits over 2 weeks
- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions).”

The patient participated in six sessions of IPT prior to the surgical intervention. The claimant has demonstrated improvements in sleep, pain reactivity, and anxiety symptoms; however, there is no change in pain level, and scores on a measure of depression and fear avoidance beliefs have increased. Scores on the FABQ suggest clinically significant elevations on fear-avoidance beliefs for physical activity and work. The patient has not participated in PT post-surgery. The request for an additional six sessions of IPT does not meet current ODG for approval and is not medically necessary.

**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)