MEDRx

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Notice of Independent Review Decision

DATE OF REVIEW: 2/14/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of 4 sessions of individual psychotherapy as related to the left ankle.

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. This 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 4 sessions of individual psychotherapy as related to the left ankle.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the several parties.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from company: 12/20/10 denial letter, 1/14/11 denial letter, 12/15/10 precert request, 12/15/10 patient face sheet, 12/11/10 script for psych intake IPT, 11/16/10 health and behavioral reassessment, LPC-I, 11/11/10 follow up report, 5/8/07 ankle

radiographic report, 5/8/07 cervical CT report, 1/7/11 request for reconsideration of preauth letter and 1/7/11 preauth request letter.

From Clinic: 1/31/11 letter and 1/13/11 follow up report.

From Clinic: 1/28/11 and 1/31/11 letters, 5/23/07 to 9/21/07 reports, 5/8/07 ED reports, 5/8/07 ED notes from hospital, 5/11/07 notes, 6/20/07 ankle x-ray report, various DWC 73 forms, 6/25/07 brain/brain stem MRI report, Ophthalmology report 6/25/07, 7/11/07 to 8/22/07 reports, 7/11/07 left ankle x-ray report, 8/22/07 left ankle x-ray report, 9/19/07 report, 9/25/07 to 1/16/08 Hx and physical reports, DWC 53 form of 9/19/07, follow up reports 10/9/07 to 12/3/09, 10/15/07 behavioral medicine consult with addendum, 10/24/07 left ankle MRI script, 10/30/07 denial letter, initial therapy evaluation form 11/1/07, 11/2/07 approval letter, 11/6/07 to 3/5/08 individual psychotherapy notes, PT progress notes 11/13/07 to 12/14/07, 11/13/07 to 12/14/07pt activity flow sheets, 11/15/07 office note, 11/16/07 left ankle MRI report, PT discharge eval 11/27/07, 11/30/07 LMN, Second opinion report, 12/7/07 split decision(partial approval partial denial) letter, 12/17/07 to 1/18/08 reports, 12/27/07 treatment summary report, 1/3/08 denial letter, 1/28/08 test analysis, FCE of 1/28/08, 2/13/08 to 2/28/08 WH notes, 2/13/08 group note, daily flow sheets 2/11 to 5/21/08, 2/14/08 to 3/27/08 group notes, psychotherapeutic group notes 2/18/08 to 2/27/08, interdisciplinary team conference notes 2/18/08 to 3/3/08, 2/19/08 to 3/5/08 treatment summary reports, 2/22/08 DWC 69 and report, 2/26/08 FCE report, 3/10/08 office visit report, CPM daily notes 3/17/08 to 4/25/08, biofeedback therapy notes 3/13/08 to 3/26/08, CPM individual psych notes 3/18/08 to 3/26/08, Hx and Phys for CP program 3/19/08, 3/19/08 psychotherapeutic group notes, 3/21/08 to 4/25/08 CPM group notes, WH Psychotherapeutic group notes 3/26/08 to 5/21/08, CPM daily notes 3/27/08 to 5/21/08, 3/28/08 PPE report, 4/25/08 biofeedback therapy notes, 5/2/08 DD report and DWC 69, 6/2/08 discharge PPE report, 2/26/08 functional abilities evaluation report, 9/2/08 to 12/4/08 office visit reports, 10/3/08 DD letter of clarification, 1/2/09 peer review, 11/20/09 lab report, 8/13/09 EMG/NCV script, 8/27/09 consent form for NCV, 8/27/09 neurodiagnostic report, 9/9/10 to 12/3/09 lodging documentation forms, 8/19/10 to 1/13/11 follow up reports, 11/16/10 health and behavioral reassessment and 12/22/10 environmental intervention report.

A copy of the ODG was not provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured after stepping down onto a flight of stairs. She initially reportedly felt a pop in her ankle, and then fell down the stairs resulting in her hitting her head and losing consciousness. She was evaluated on the same day in the emergency room, given X-rays, and sent home. The patient was referred for an initial behavioral medicine consultation. At that time, an LPC diagnosed the patient with an Adjustment Disorder with Mixed Anxious and Depressed Mood and was given a Rule Out Diagnosis of Cognitive Disorder, NOS. Scores on the Beck Depression and Beck Anxiety Inventories suggested minimal depressive and mild anxiety symptoms. Recommended six sessions of individual psychotherapy (IPT) to reduce psychological distress. The patient subsequently participated in twelve sessions of IPT from November 2007 until March 2008. The patient did not successfully complete a Work-Hardening program in 2008 because she was not able to achieve a minimum Light-

Medium PDL and because of continued difficulties controlling her pain. She subsequently completed 25 days of a CPMP in 2008. The patient participated in biofeedback and group therapy during this time. The patient reportedly was able to return to work in 2008.

The patient completed a Health and Behavioral Reassessment in November 2010 that was requested by MD to “determine her treatment needs.” LPC-Intern and LPC diagnosed the patient with a Pain Disorder Associated with Psychological Factors and a General Medical Condition and Dysthymic Disorder. Beck Inventory scores indicated moderate depressive and severe anxiety symptoms. Scores on the Fear Avoidance Beliefs Questionnaire suggested clinically significant fear avoidance beliefs regarding physical activity and work. As a result, four sessions of IPT was requested in order to address pain, depression, anxiety and sleep.

A request for an additional four sessions of individual psychotherapy was submitted, along with a treatment plan. The request was subsequently denied in December 2010. LPC submitted a "Reconsideration Behavioral Health Treatment Preauthorization Request" in January 2011. The reconsideration request was denied in January 2011.

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

The current Pain Chapter, Chronic pain programs (functional restoration programs) subchapter, of the Official Disability Guidelines (ODG) updated 02/09/2011, states that “At the conclusion and subsequently, neither re-enrollment in, repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury (with possible exception for a medically necessary organized detox program).”

The patient was injured approximately 3 years and 9 months ago. She has participated in 12 sessions of IPT, biofeedback therapy, a Work-Hardening program, and 25 days of a CPMP that included individual and group psychotherapy. She returned to work in 2008. The patient has participated in several levels of psychological treatment and interventions via individual, group and biofeedback therapy. Repetition of four sessions of individual psychotherapy is not medically warranted according to the ODG and the records provided.

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)**