MAXIMUS Federal Services, Inc.
11000 Olson Drive, Suite 200
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Tel: [800] 470-4075 Š Fax: [916] 364-8134

Amended January 12, 2011

Notice of Independent Review Decision

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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: January 4, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual psychotherapy 6 sessions over 8 weeks.

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

M.D., Board Certified in Psychiatry.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

[ ] Upheld (Agree)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

I have determined that individual psychotherapy (6 sessions over 8 weeks) is medically necessary for this patient.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 12/8/10.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 12/10/10.
3. TDI Notice to IRO of Case Assignment dated 12/13/10.
4. Medical records from dated 10/26/10 and 11/2/10.
5. Medical records from MD dated 5/14/09, 6/2/09, 6/18/09, 4/20/10, 6/15/10, and 10/4/10.
6. Lumbar MRI dated 5/19/10.
7. Lumbar CT dated 11/19/10.
8. X-ray Lumbar spine dated 11/19/10.
9. Medical Records from dated 7/15/09, 10/20/09, 6/16/10 and 10/26/10.
10. Subsequent Medical Report from dated 10/26/10.
11. Physical Performance Evaluation Summary Report dated 5/27/10.
12. Nerve Conduction Velocity (NCV)/Electromyography (EMG) Study dated 6/2/10.
13. Letter from MS, LPC dated 11/8/10.
14. Medical Records from Pain Management Center dated 8/13/10 and 8/23/10.
15. Medical Report from, MD dated 7/23/10.
16. Letter from, MD dated 3/25/10.
17. Medical records from Healthcare, LP dated 8/6/09, 9/11/09, 9/15/09, 9/24/09, 11/6/09, and 12/16/09.
18. Operative report dated 7/15/09.
19. Discharge Summary dated 7/16/09.
20. Work Comp Interim Report from Accident & Injury Care dated 2/4/09.
21. Medical Records from dated 12/1/08.
22. Pain Management Initial Comprehensive evaluation dated 12/8/08.
23. Records from Work Hardening Program dated 1/6/10 and 1/8/10.
24. Denial documentation.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained a work related injury on xx/xx/xx. He was injured when he was pulling and lifting an object at work. His treatment has consisted of conservative care, medications, injection and surgery. He received four individual psychotherapy sessions in August and September 2009. He also started a work hardening program. A psychological evaluation was performed on 10/26/10 with the following diagnoses: Depressive Disorder Not Otherwise Specified (NOS), Anxiety Disorder NOS and Occupational Problem. A request for 6 sessions of individual psychotherapy over 8 weeks was made. The listed goals of therapy were: (1) Decrease Beck Depression Inventory by 10 points to specifically address sadness, pessimism, dissatisfaction, crying episodes, irritability, suicidal ideation, self-dislike, body image change,

somatic preoccupation, fatigability, insomnia, and work difficulty (2) Decrease Beck Anxiety Inventory by 10 points to specifically address inability to relax, feeling terrified, nervousness, fear of losing control, numbness or tingling, indigestion or discomfort in abdomen, unsteadiness, and hands trembling (3) Decrease Sleep Questionnaire by 15 points to specifically address trouble falling asleep, inability to stop thinking while trying to fall asleep, waking up too early in the morning, waking up during sleep and morning fatigue and (4) Assist in developing an appropriate physical functioning daily plan with a reduction in the Revised Oswestry Low Back Pain Disability Questionnaire by 15 points to specifically address physical limitation in performing household chores, pain intensity, sleeping, socializing and physical exercising.

The request for individual psychotherapy has been denied on the basis that there is no quality evidence to support the independent/unimodal provision of cognitive behavior therapy (CBT) for treatment of patients with chronic pain syndrome. It was determined that the request is inconsistent with Official Disability Guidelines which provides "consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone." Upon appeal of the initial denial the services were denied again on the basis that the patient had "10 sessions of work hardening program and individual psychotherapy."

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

I have determined that individual psychotherapy (6 sessions over 8 weeks) is medically necessary for this patient. On 11/8/10, the patient's provider noted that while the evaluation diagnosis was a chronic pain disorder, the request for individual psychotherapy has been made to treat the patient's depression and anxiety related symptoms.

The Official Disability Guidelines (ODG) support individual psychotherapy (CBT) for depression and anxiety. The submitted evidence documents the presence of depression and anxiety in this patient. Based upon the submitted psychological evaluation and treatment goals and techniques, it is evident that the focus of treatment is on reducing anxiety and depression. Further, the ODG state "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." The submitted records show that the patient had four individual psychotherapy sessions in September 2009 while he was receiving physical therapy. He mad some progress with this combination, but it was difficult to discern how much was due to the physical therapy as opposed to the psychotherapy, particularly since the patient was involved in legal proceedings at the time and was quite anxious about the outcome. The patient did not receive individual psychotherapy during the work hardening program as noted by his provider. Given the documented presence of anxiety and depression in this patient who continues to experience pain and disability, the request for 6 sessions of individual psychotherapy over 8 weeks is in accord with ODG criteria and is 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)