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Notice of Independent Review Decision

DATE OF REVIEW: 01/05/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Six sessions of individual psychotherapy over eight weeks

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

Licensed by the Texas State Board of Psychologists

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Six sessions of individual psychotherapy over eight weeks - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY

An EMG/NCV study interpreted by Dr. on xx/xx/xx showed moderate L5 and S1 radiculopathy bilaterally. On 11/15/07, Dr. performed a left knee arthroscopy,

medial meniscectomy, and excision of the plica. An MRI of the lumbar spine interpreted by Dr. on 01/30/08 showed a 5 mm. broad based disc herniation at L5-S1 that flattened the sac and S1 nerve root sleeves, bilateral spondylolysis with bilateral facet joint arthrosis, and mild bilateral foraminal encroachment. On 05/19/09, Dr. recommended a provocation discography and cervical decompression discectomy. On 08/11/09, Dr. noted the patient was pending a Benefits Review Conference (BRC). On 10/26/10, Ms. requested six sessions of individual psychotherapy. On 11/12/10, Dr. wrote a letter of non-authorization for the psychotherapy. On 12/13/10, Dr. also wrote a letter of non-authorization for the psychotherapy.

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

I agree with the previous physician reviewers and the six sessions of individual psychotherapy over eight weeks is not reasonable or necessary. The diagnosis of adjustment disorder has been made. The cardinal feature of adjustment disorder is “development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within three months of the onset of the stressor(s).” The date of injury was over x years ago. Identifying and/or diagnosing adjustment disorder as occurring this many years after the date of injury is unsubstantiated by the requesting provider. Further, the patient’s history as reported by Ms. includes, “reports having divorced after 22 years of marriage.” Marital dissolution would likely precipitate an adjustment disorder with mixed behavioral and emotional features.

In regard to the Beck Depression Inventory, the publisher of the BDI identify a “cut score” of 13 to balance between false positives and false negatives in determining depression. Ms. reported the patient to have scored 12

on the BDI and classified him as mild to moderate in depression. Without some supporting data to substantiate a “false negative” response pattern, the publisher’s cut score would identify the patient as mildly depressed, may indicate an exaggeration of distress by Ms. and does not meet the criteria of medical necessity.

Numerous research studies have been performed on the efficacy of CBT for management of pain. Studies have demonstrated that pain attitudes, measured by such instruments as the Survey of Pain Attitudes (SOPA) (Jensen, 1991; Turner, 2007) are critical in determining if CBT will be effective in increasing the actual functional capability of the injured/disabled person. Ms. reported that the patient believes his condition is “extremely permanent.” To propose that six psychotherapy sessions would restore functional capability is not supported by research or evidence based treatment approaches at this time. The requested six sessions of psychotherapy over eight weeks is also not supported by the Official Disability Guidelines (ODG) and therefore would not be reasonable or necessary. The previous adverse determinations should be upheld.

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 AND KNOWLEDGE BASE**

- 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)**

Survey of Pain Attitudes (SOPA) (Jensen, 1991; Turner, 2007)