



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

DATE OF REVIEW: 1-21-11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual psychotherapy x 6 sessions

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

American Board of Psychology

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.

**INFORMATION PROVIDED TO THE IRO FOR
REVIEW**

PATIENT CLINICAL HISTORY [SUMMARY]:

9-13-10 Letter of Appeal provided by PhD., notes This letter is written to request reconsideration of the Adverse Determination that was received on 10/20/10, with regard to our recommendation that the claimant receive 6 sessions of Individual Therapy (90806) to address symptoms of depression, anxiety, fear and avoidance of activity, self perceptions of disability, and preoccupation with persistent, debilitating pain. Given that the rationale for non-certification appears inaccurate and therefore fails to bear effectively on the question of medical necessity of treatment for the claimant, he would like to request reconsideration of our request In order to expedite medically necessary services for the claimant. The reviewer states, "Cognitive therapy for depression or anxiety is only appropriate when it is the primary focus of treatment, which is not the case with this patient who is reporting chronic pain"; however, this is incorrect, current Official Disability Guidelines (2010) do in fact support provision of psychotherapy for patients suffering from chronic pain comorbid with depression as follows: "Behavioral Interventions: Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Several recent reviews support the assertion of efficacy of cognitive-behavioral therapy (CBT) in the treatment of pain, especially chronic back pain (COP). (Kroner-Herwig, 2009) See the Low Back Chapter, "Behavioral treatment", and the Stress/Mental Chapter. The evaluator reported that based on current evidence based guidelines (ODG) there is every reason to expect that the claimant would benefit significantly from an additional 6 sessions of cognitive behavior therapy in order to address persistent moderate to severe depression related to persistent, debilitating pain and associated functional limitations stemming from his work-related injury; however, we are willing to discuss reasonable modifications of the treatment plan (e.g., number or type of sessions) if such modifications can be reasonably be expected to provide the best outcome for the claimant. He is highly motivated to recover and the recommended treatment will increase his emotional, social, and occupational functioning to a more optimal level and facilitate appropriate recommendations for further treatment, if necessary to reduce dysfunctional pain beliefs contributing to functional impairment. Please note the attached documentation that supports this recommendation. The evaluator certified that psychological services are of medical necessity and that the need for psychological services is reflected in the documentation presented.

10-5-10 Behavioral Medicine Evaluation performed by PhD., Diagnosis: AXIS I: Major depressive disorder single, moderate, pain disorder associated with both psychological factors and a general medical condition. AXIS II: no diagnosis. AXIS III: pelvic fracture, left knee injury status sot surgery, failed lumbar surgery, status post hardware removal, and internal derangement of the left knee. AXIS IV: psychological stressors: 3 moderate, chronic pain producing disruption of psychological functioning and lifestyle, inadequate finances, unemployment. AXIS V: GAF = 59 (current). The evaluator reported that the results of this assessment suggest that Mr. continues to experience significant psychological distress manifested by symptoms of depression, anxiety, fear and avoidance of activity, self perceptions of disability, and preoccupation with persistent, debilitating pain. Despite absence of pre-injury psychiatric history, he appears to have suffered considerable emotional disturbance in response to his injury and especially his perceived ongoing functional impairment. He benefited from a previous sessions of Individual Therapy as evidenced by improved pain management skills such as self relaxation, reduced average pain levels, reduced reliance on narcotic medication, and improved motivation to return to work; however, current psychological assessment suggests that depression as well as fear and avoidance of activity remain clinically significant and continue to interfere with his recovery. Therefore it appears prudent to provide additional sessions of Individual Therapy to further improve the claimant's pain coping, self-relaxation skills, and coping with negative emotions.

10-19-10 PhD., requested preauthorization for 6 sessions of Individual Therapy (90806) to address symptoms of depression, anxiety, fear and avoidance of activity, self perceptions of disability, and preoccupation with persistent, debilitating pain. Recommended duration is 10 weeks to complete all of the above services. The claimant is highly motivated to reduce emotional symptoms, and the recommended treatment will increase his emotional, social, and occupational functioning to a more optimal level and facilitate appropriate recommendations for further treatment, if necessary to address emotional symptoms. Please note the attached documentation that supports this recommendation. He certified that Individual therapy is of medical necessity and that the need for psychological services is reflected in the documentation presented. Thank you for your attention and consideration in the claimant's case.

10-26-10 PhD., performed a Utilization Review. The current evaluation does not attempt to assess the factors that may have contributed to the patient's inability to benefit from 24 sessions of individual psychotherapy and 10 sessions of psychological treatments. Minimal objective functional improvements are reported as the result of previous psychological interventions including 10 sessions of a multidisciplinary chronic pain management program which is usually considered the 'end point' of treatment and the patient has not returned to work . Thus, the request is inconsistent with the criterion: 'At the conclusion (of a chronic pain management program) 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

a multidisciplinary

medically warranted for the same condition or injury (with possible exception for a medically necessary organized detox program)'. After a CPMP is completed, patients should be encouraged to function 'more independently', to self-manage psychological symptoms and 'reducing any ongoing dependency on the interdisciplinary team and services'. Furthermore, this injury is over 7 years old and the evaluation diagnoses a Chronic Pain Disorder. ACOEM guidelines state: 'There is no quality evidence to support the independent/unimodal provision of CBT for treatment of patients with chronic pain syndrome'. 'There is no known effective psychotherapeutic treatment for such disorders (somatoform, mood, or anxiety disorders), per se, when the etiology of symptoms involves a chronic benign pain syndrome' [ACOEM Guidelines (2008). Chapt. 6: Chronic pain; p. 227 Cognitive therapy for depression or anxiety is only appropriate when it is the primary focus of treatment, which is not the case with this patient who is reporting chronic pain. This request is not consistent with ODG and ACOEM Guidelines concerning the use of individual psychotherapy with this type of patient who is reporting chronic pain. ODG (for chronic pain) states 'consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical therapy alone'. There are no current or recent physical therapy sessions. These issues indicate that the request is not consistent with the requirement that psychological treatments only be provided for 'an appropriately identified patient'. Based on the documentation provided, ODG criteria were not met. It is recommended that the request for individual psychotherapy x 6 is not reasonable or necessary. The evaluator contacted Dr. who stated he was authorized to discuss this case. Treatment goal, the patient's treatment history and the patient's current psychological symptoms were discussed. He recommended non-approval.

11-23-10 PsyD., performed a Utilization Review. The evaluator reported that ODG state that additional psychological treatments should only be provided with evidence of objective functional improvement from previous psychological treatments (Work Loss Data Institute, ODG, Guidelines, 2010). This request is inconsistent with the criterion: At the conclusion (of a chronic pain management program) 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).(Work Loss Data Institute, ODG, Guidelines, 2010). Conclusion: The patient is 7 years post injury, is reporting chronic pain, mild affective disturbance, and has previously been treated with CPMP. This request for 6 sessions individual psychotherapy does not meet ODG guidelines and she was recommending non approval.

1-5-11 PhD./ MD., request for Review by an IRO.

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

THE CLAIMANT HAS AN INJURY DATE OF XX/XX/XX. HE HAS HAD

DIAGNOSTICS, PHYSICAL THERAPY, INJECTIONS, SURGERIES (WITH THE LAST ONE NOTED TO HAVE BEEN IN 2008), AN SCS, MEDICATIONS, 10 DAYS OF CPMP IN 2007, AND 24 IT (FROM 2006 TO 2010). HE HAS REPORTEDLY NOT ATTEMPTED TO RETURN TO WORK. ACCORDING TO THE AVAILABLE RECORDS, THIS CLAIMANT INITIALLY IS TAKING LORTAB, LYRICA, PREVACID, CYMBALTA, AND IS USING LIDODERM PATCHES. HE WAS GIVEN DIAGNOSES OF MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE AND PAIN DISORDER WITH A GAF OF 59 ON 10/05/10. HE WAS NOTED TO REPORT SYMPTOMS OF DEPRESSION AND ANXIETY ON THE BAP AND TO HAVE A SCORE OF 19 ON THE BDI AND 16 ON THE BAI. THE CLAIMANT REPORTEDLY PARTICIPATED IN 18 IT SESSIONS FROM 10/06 TO 3/07, 10 CPMP SESSIONS IN 2007, AND 6 ADDITIONAL IT FROM JULY TO AUGUST OF 2010. WHILE IT WAS NOTED THAT HE BENEFITED FROM THE SESSIONS, HE CONTINUES TO USE A WALKER TO AMBULATE AND HAS NOT ATTEMPTED TO RETURN TO WORK. IN ADDITION, HE CONTINUES TO REPORT SYMPTOMS OF PSYCHOLOGICAL DISTRESS. THERE IS LITTLE DOCUMENTATION ABOUT A COORDINATED TREATMENT PLAN, ANY DECREASE IN MEDICATIONS, OR WHY HE WAS NOT ABLE TO ATTEMPT TO RETURN TO WORK. HE HAS APPARENTLY, IN FACT, PARTIALLY RETIRED AS OF 2008. THERE IS LITTLE DOCUMENTATION OVERALL REGARDING THE CLAIMANT'S TREATMENT PLAN, WHY MORE PROGRESS WAS NOT MADE, AND WHY HE HAS NOT BEEN ABLE TO RETURN TO WORK IN ANY CAPACITY 7+ YEARS POST INJURY. THERE IS INSUFFICIENT RATIONALE PRESENTED TO SUGGEST THAT THIS CLAIMANT WOULD BENEFIT FROM EVEN MORE PSYCHOLOGICAL TREATMENT AT THIS TIME GIVEN THE AMOUNT OF TREATMENT HE HAS HAD SO FAR WITH CONTINUED AND ONGOING PSYCHOLOGICAL COMPLAINTS. BASED ON THE AVAILABLE INFORMATION, THE NECESSITY FOR ADDITIONAL INDIVIDUAL PSYCHOTHERAPY DOES NOT APPEAR TO BE REASONABLE AND NECESSARY, PER THE AVAILABLE DOCUMENTATION.

ODG-TWC, last update 12-15-10 Occupational Disorders - Pain –

Psychological treatment: Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-

morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested:

Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to

screen for patients that may need early psychological intervention.

Step 2: 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.

Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. See also ODG Cognitive Behavioral Therapy (CBT) Guidelines. (Otis, 2006) (Townsend, 2006) (Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005) See also Psychosocial adjunctive methods in the Mental Illness & Stress Chapter. Several recent reviews support the assertion of efficacy of cognitive-behavioral therapy (CBT) in the treatment of pain, especially chronic back pain (CBP). (Kröner-Herwig, 2009)

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)