

MAXIMUS Federal Services, Inc.
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Notice of Independent Review Decision

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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: January 10, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual psychotherapy 1X6.

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)

Overturned (Disagree)

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

The requested service, individual psychotherapy 1X6, is not medically necessary for treatment of this patient.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured on the job on xx/xx/xx. The incident occurred when he was holding an I-beam and resulted in an injury to his lower back. The patient has been treated with conservative care, medications, injections and surgery. His recent medication list includes hydrocodone, Tramadol and Celebrex. A Required Medical Evaluation was performed on 5/13/09 by MD. He stated that “ongoing treatment, specifically orthopedic including surgery, is not related to the accident or injury. He has severe degenerative disease and it was noted early on. It has been progressive and apparently an MRI was performed in late 2008 or early 2009 and a private physician, Dr., has recommended surgery. I have reviewed the MRI dated in 2004, which was significant for a disc bulge/osteophyte complex at multiple levels and a moderate to severe stenosis at L3-L4, L4-L5, and L5-S1, and these findings are a result of ordinary disease of life, which are progressive. Therefore, orthopedic treatment, in my opinion, as related to the reported injury, is no longer reasonable and necessary, but pain management is.” Dr. further stated “It is clear he has other causes for his pain including degenerative disease, but his pain and treatment has been consistent since the date of injury and it is my opinion they are related...Although it is common for Lexapro or depression to be associated with chronic pain apparently this individual had depression requiring intervention prior to this injury...”

An Initial Diagnostic Screening was performed on 10/18/10 by. The diagnostic impression was adjustment disorder, with mixed anxiety and depressed mood, acute; and occupational problem. The patient scored “severe/extreme” on the Pain Experience Scale; “crippled” on the Revised Oswestry Low Back Pain Disability Questionnaire; “severe/extreme” on the Beck Depression Inventory (BDI); “severe” on the Beck Anxiety Inventory (BAI) and “extreme” on the Sleep Questionnaire. A request was made for 6 sessions of individual psychotherapy with the following goals: decrease BDI by 10 points; decrease BAI by 10 points and decrease Sleep Questionnaire by 12 points.

This request was denied on initial consideration and again on appeal. In its denial, the Utilization Review Agent (URA) indicated there is a lack of controlled clinical trials of different psychotherapies demonstrating their usefulness in Adjustment Disorder. It was further noted that the utilized psychometric instruments are inadequate to elucidate the pain problem, explicate any psychological dysfunction or support differential diagnosis in this case. Further, the URA states there are not clinical data or other indications provided that individual psychotherapy can materially affect this patient’s functional status after 19 years of pain behavior, variable work and current retirement.

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

I have determined that the requested individual psychotherapy 1X6 is not medically necessary for this patient. The patient fails to meet Official Disability Guidelines (ODG) for individual psychotherapy. The diagnosis of “adjustment disorder” is defined by DSM-IV as follows: “The symptoms must develop within 3 months after the onset of the stressor and must resolve within 6 months of the termination of the stressor.” Thus, if the requested service is actually designed to treat an adjustment disorder, by the very definition of the condition, it is not related to the original injury and thus is not medically indicated for the injury. ODG does support treating chronic pain with a chronic pain management program that has proven successful outcomes. ODG lists several predictors of failure in such programs which are present in this patient’s history, including higher levels of psychosocial distress (as documented in this case by severe and extreme scores on the rating scales), a negative outlook about future employment (as noted by this patient currently receiving Social Security benefits) and increased duration of pre-referral disability time (as evidenced by the 19-year lag between injury and treatment). Thus, the requested service does not meet ODG standards and is not medically necessary given this particular patient’s history.

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)