



Notice of Independent Review Decision

DATE OF REVIEW:

06/02/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Pre-authorization for six (6) units of individual psychotherapy sessions (CPT 90806) to be performed over eight (8) weeks.

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

Board Certified Psychologist

REVIEW OUTCOME

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

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.

The request for six sessions of individual psychotherapy is medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Referral form
- 05/23/11 letter from Carrier
- 05/19/11 Referral
- 05/18/11 Notice Of Assignment Of Independent Review Organization
- 05/18/11 Notice Of Case Assignment
- 05/18/11 Confirmation Of Receipt Of A Request For A Review
- 05/16/11 Request For A Review By An Independent Review Organization
- 05/11/11 UR Reconsideration Uphold letter, Claims Adjuster, Carrier
- 05/04/11 Request for Reconsideration, Psy.D.
- 04/19/11 UR Denial by Medical Case Manager, Carrier
- 01/20/11, 03/02/11 Confidential Diagnostic Interview, Psy.D.
- 10/13/10, 11/03/10, 01/04/11 office notes, M.D.
- 10/05/10 medical evaluation cover letter, with attached Required Medical Evaluation
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a XX-year-old female. She is noted to have had an industrial accident which occurred on XX/XX/XXXX. She suffered a lifting injury while working. She has completed two previous spinal surgeries, one 2004 and the second 2005. Since the injury she has completed multiple spinal injections and ongoing pain management treatment. In March 2010,

an MRI revealed a left posterior lateral herniation at L4-5 compressing the left L-5 nerve root, and a small right disc herniation at L5-S1. She is currently utilizing a number of oral narcotic medications including Methadone.

The injured individual was seen for a psychological evaluation on 01/20/2011. She was referred to Dr. by Dr.. Dr. documented a lumbar laminectomy on 06/15/2007. This was not successful and she developed radiating pain in her left leg. She underwent a number of epidural steroid injections, outcome unknown. Additional surgery was stymied by a failure to obtain approval for diagnostic testing. The injured individual subsequently returned to work one year after surgery but experienced escalating pain and discontinued working in February 2010.

Psychological testing was completed on 03/02/2011. Testing including administration of the MMPI-2 and BHI-2, as well-validated psychological instruments incorporating validity scales. Some symptom over reporting was noted. Psychological testing provided evidence of severe depression and anxiety. She provided elevations on multiple scales on the MMPI-2. However, a detailed reporting was not included so it is difficult to analyze the results of this test.

The psychological evaluation provided evidence of depression, anxiety, frustration, and refractory pain. Concerns regarding opioid dependency were also expressed. Six sessions of individual psychotherapy were requested.

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

The requesting psychologist has provided sufficient information to document refractory pain related to a work injury requiring the intervention of a psychologist. The injured individual was appropriately evaluated. The "gold standard" treatment for such a condition (i.e. chronic pain) is psychological intervention and this treatment has been consistently documented to be of greater usefulness than physiological interventions. Refractory chronic pain has been consistently correlated to be associated with psychological factors that require psychological amelioration to restore the injured worker to functionality.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Psychotherapy Guidelines

- Initial trial of 6 visits over 6 weeks
- With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)

Extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials. Although short-term psychotherapy is effective for most individuals experiencing acute distress, short-term treatments are insufficient for many patients with multiple or chronic mental disorders or personality disorders. (Leichsenring, 2008)