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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:** June 7, 2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Individual psychotherapy for six visits.

**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 for six visits, is medically necessary for treatment of the patient's medical condition.

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who has requested authorization for individual psychotherapy for six visits. The Carrier has denied this request indicating that the requested service is not medically necessary for treatment of the patient's back pain.

A review of the record indicates that the patient sustained a work injury on xx/xx/xx when he tripped over a pallet and over corrected himself by twisting and pulling himself to grab a nearby machine as he fell. The patient reported experiencing immediate back pain. The patient has utilized a back brace, a stimulation unit, injections and chiropractic adjustments. He also reports receiving physical therapy without associated benefit. A psychological test performed on 4/12/11 indicated that the patient reported his average pain level as 5 out of 10 with intermittent elevations to 8 out of 10. The patient reported difficulty with activities of daily living since his injury including self-grooming, household chores, yard work, exercise/play sports, walking for longer than 30-45 minutes, climbing stairs and lifting 15 pounds. The patient endorsed both initial and sleep maintenance insomnia (difficulty falling asleep and 3-5 awakenings per night due to pain). His scores on the FABQ showed fear avoidance of work and fear avoidance of physical activity. The patient was assessed with pain disorder associated with both psychological factors and a general medical condition, chronic. Individual psychotherapy for six visits was recommended.

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

The patient has had a trial of physical therapy and reportedly felt it was not helpful. His psychological testing shows significant fear avoidance of work and physical activity, which according to the Official Disability Guidelines (ODG) is a factor in delayed recovery. ODG supports a trial of psychotherapy when a patient does not respond to physical therapy alone. Since this patient has not benefited from physical therapy alone and does have factors of delayed

recovery, the proposed individual psychotherapy for six visits is consistent with ODG guidelines and is medically necessary in this case.

**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)