

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 03/09/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Denial of individual psychotherapy times six sessions

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified in General Psychiatry and Child and Adolescent Psychiatry

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
847.2	90806		Prosp.		12/29/10 – 01/25/11		10/13/09		Overturn

INFORMATION PROVIDED FOR REVIEW:

1. Certification of independence of the reviewer
2. case assignment
3. Letters of denial, 12/27/10 and 01/18/11, including criteria used in the denial
4. Individual evaluation - chiropractic, 11/01/10
5. History and physical, 10/27/10, and follow up 11/10/10 through 12/01/10
6. Environmental interventions, 11/09/10 and 12/28/10
7. Initial behavioral medicine consultation, 11/10/10
8. Psychological testing results, 12/06/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This case involves a male who was injured in his low back and left knee. Denial letter from the managed care company dated 12/29/10 notes that the patient is a male with a date of injury of xx/xx/xx. There is a history of low back, bilateral lower extremity, and left knee pain complaints following his leg becoming entangled in electrical wires. Treatment has included conservative care and two surgical procedures on the knee. He was released to modified duty, but it is unknown if he has resumed work. There are some posttraumatic-stress-disorder-like symptoms including endorsement of nightmares, recurrent thoughts of the incident, and some reported difficulty concentrating. Current medications are Norco, lorazepam, Paxil, and meloxicam. The current request is for six sessions of individual psychotherapy. The denial letter notes, "The clinical indication and necessity of this procedure could not be established. The psychological evaluation 12/06/10 finds impressions of pain disorder, major depressive disorder, and PTSD. However, the MMPI-2-RF is not interpreted to suggest PTSD; the utilized BHI-2 is not diagnostically valid for this presentation; and there is no substantive behavior analysis to provide relevant diagnostic information. Non-

approval is recommended." Second denial letter from the managed care company dated 01/25/11 upholds the previous adverse determination.

History and physical performed 10/27/10 notes he had a medial meniscus posterior horn tear and was referred to a knee surgeon with two subsequent knee surgeries, but he continues to have very significant pain in the left knee with give-way weakness and difficulty walking. Impression at that time included (1) lumbar strain with radiculopathy and lumbar degenerative disc disease; (2) left knee pain with posterior horn medial meniscal tear status post arthroscopy x2; (3) chronic pain, likely to continue for some time; (4) insomnia.

Numerous follow up visits between 11/10/10 and 01/05/11, noted the following impressions, plan and treatment: (1) lumbosacral degenerative joint disease with chronic low back pain; (2) I will refer him for pain management; (3) we will appeal the physical therapy denial; (4) depression - he scored high for PTSD with depression and adjustment disorder; (5) prescription for Paxil 20 mg daily per FDA requirements; (6) followup in 1 week; (7) I did fill out his form 73 for light duty, as well. He was a physician for pain management and is now on hydrocodone as well as meloxicam and Paxil 20 mg. His left knee pain is basically unchanged, and he is now taking three Vicodin tablets daily. H is not able to stand on his left knee without pain.

The patient reports his level of overall functioning prior to the injury as 100% and current level of overall functioning as 50%. He endorses both initial and sleep maintenance insomnia and is currently sleeping four to five fragmented hours per night. Mental status exam noted his attention was self-absorbed with his pain. His mood was dysthymic. Affect

was blunted. Thought content was positive for ruminations about the injury, reliving the injury, nightmares, and also indicated that he minimizes problems. Insight was poor. Multiaxial diagnosis at that time included the following: AXIS I: Rule out 309.81, posttraumatic stress disorder, chronic, rule out 307.89, pain disorder associated with both psychological factors and medical condition; AXIS II: V71.09, no diagnosis; AXIS III: injury to low back and left knee - see medical records; AXIS IV: primary support group, social environment, economic, occupational, and access to healthcare services; AXIS V: GAF=50 (current), estimated pre-injury GAF=81+.

Psychological testing results dated 12/06/10 note the following: he scored 18 on the BDI-2, indicating mild depression. Score on the BAI was 11, reflecting mild anxiety. Score on the PTSD checklist was 60, indicating he endorses symptoms of PTSD. MMPI-2-RF interpretation noted somatic complaints and emotional dysfunction. He is likely to be preoccupied with poor health and to complain of sleep disturbance, fatigue, and sexual dysfunction. Emotional/internalizing feelings include depression and helplessness and hopelessness. He reports feeling hopeless, overwhelmed, and that life is a strain. He is likely to believe he cannot be helped and gets a raw deal from life and to lack motivation for change. The BHI-2 interpretation noted a moderately high level of depressive thoughts and feelings and that he also scores in the high range on PTSD/disassociation content, area scales indicating disassociation related to posttraumatic stress. Multiaxial diagnosis based on results of psychological testing included the following: AXIS I: 307.89, pain disorder associated with both psychological factors and general medical condition, chronic, 296.22, major depressive disorder, single episode, moderate, 309.81, posttraumatic stress disorder, chronic; AXIS II: V71.09, no diagnosis; AXIS III: injury to low back and left knee - see medical records; AXIS IV: primary support group, social environment, economic, occupational, and access to healthcare services; AXIS V: GAF=50, estimated pre-injury GAF=81+. Treatment goals and objectives for identified deficit area included education regarding the pain cycle, identifying maladaptive thoughts, decreased physical complaints, reduced verbalizations of focusing on pain while increasing productive activities, decreased helplessness by reconceptualizing the patient's view of problems from overwhelming to manageable, reduce the symptoms of posttraumatic stress disorder via stress inoculation training.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

The documentation in the records clearly indicates significant issues with depression, PTSD, failure to respond to interventions to date, and supports a role for psychotherapy. The environmental intervention letter supports the use of the tests involved.

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

(Check any of the following that were used in the course of your review.)

INDEPENDENT REVIEW INCORPORATED

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines