



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of six sessions of individual psychotherapy.

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

The reviewer is a PhD in Counseling and License Professional Counselor. The reviewer has been practicing for greater than 10 years.

**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 reviewer disagrees with the previous adverse determination regarding prospective medical necessity of six sessions of individual psychotherapy.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties: and Clinic

These records consist of the following (duplicate records are only listed from one source): Records reviewed: Clinic Reconsideration request – 2/23/11, Patient Face Sheet – 1/25/11, Initial Behavioral Medicine Consult – 1/21/11, Follow-up Notes – 10/4/10-11/30/10, Physical Rehab Progress Notes – 9/29/10-10/25/10, Initial Evaluation report – 9/14/10, Clinical Prescription Monitoring – 2/3/11; DC Psych Intake Script – 11/5/10; MD MRI of Lumbar Spine – 9/28/10; MD History & Physical report – 1/19/11; MD Follow-up Notes – 10/28/10-2/3/11; DWC73, DWC69 – 10/19/10 & 2/8/11; DC MMI Reports – 10/19/10 & 2/8/11; Script – 1/3/11; Toxicology Report – 2/9/11; Script – 1/3/11; MD Lower Extremity Nerve Conduction - 11/17/10; Drug Screen Report – 2/3/11; and MD Office Note – 1/3/11.

Records reviewed from Clinic: letter – 3/7/11, Pre-auth request – 1/28/11; LHL009 – 3/3/11; and Denial Letters – 2/2/11 & 3/1/11.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a well-developed female who is right hand dominate. She has 3 siblings, daughters and deceased parents. Prior to this injury, the patient reported working independently at for 5 years. The patient sustained a work-related injury to her head, neck, mid-back, low back, left shoulder, both hands, right hip, both legs, and both feet on xx/xx/xx while performing her customary duties as a . As she was walking on wet concrete by the warmer, both of her feet slipped out from underneath her causing her to land in a seated position and falling backward. She reported feeling her entire body compress onto the concrete. She reported the injury to her supervisor on the date of injury and then went to the emergency room. She stated that x-rays were taken that were normal. An MRI on 9/28/10 of the lumbar spine without gadolinium was performed, which revealed mild left facet arthrosis at L4-5. An MRI of the cervical spine with Gadolinium was also performed which revealed pronounced reversal of the normal cervical lordosis, multilevel cervical and thoracic spondylosis. At C3-4, there is a small broad based posterior protrusion attenuating the prethecal space, but not quite contacting the spinal cord. The degree of canal narrowing is minimal. The AP diameter of the spinal canal is narrowed to approximately 0.86 cm. Uncinate joint osteophytes mildly narrow the foramen. At C4-5, there is a small broad-based posterior protrusion very slightly asymmetric to the left. There are bilateral uncinat joint osteophytes. The degree of foraminal and canal narrowing is minimal. Similar findings are present at C5-6 and C6-7. At T2-3, axial images were not obtained through this level, there appears to be a small right-sided protrusion. At T5-6 there is a small posterior protrusion.

The patient has undergone recommended and authorized treatment for sprain/strain injuries (physical therapy and medications) and has demonstrated and reported no significant improvement. A normal NCV/EMG examination of the lower extremities was reported on 11/22/2010. A final impairment rating of 5% was determined on 2/8/11. She has returned to work on light duty, but with continued pain.

The patient rated her overall pain as 9/10 on a 10 point scale with 10 being most severe. She described her current overall level of functioning as 30% and prior to injury as 100%. She acknowledged difficulty maintaining sleep due to pain as well as irritability with family and friends do to pain and lack of understanding of her situation. The patient's score on the Beck Depression Inventory-II (BDI-II) of a 23 indicate moderate depression. Her score of 19 on the Beck Anxiety Inventory (BAI) is indicative of mild anxiety.

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

The patient is currently endorsing moderate depression concerns as well as mild anxiety. Based on the high pain levels she is reporting and the concurrent difficulties with sleeping more than 4 interrupted hours of sleep nightly and poor social support, the patient would benefit from psychotherapy to assist her in reduce disturbances of mood and develop new skills to facilitate improved psychological and psychosocial stressors. This approach is in keeping with the Official Disability Guidelines & Treatment Guidelines and is therefore medically necessary.

**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)**

American Psychological Association. (1985). Standards for educational and psychological testing (rev.). Washington, DC: Author.

Frank, R. G. & Elliott, T. R., Eds. (2000). Handbook of Rehabilitation Psychology. Washington, DC: American Psychological Association.

Return to Work Guidelines (s007 Official Disability Guidelines, 12<sup>th</sup> edition)