

SENT VIA EMAIL OR FAX ON
Mar/23/2011

P-IRO Inc.

An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #203
Mansfield, TX 76063
Phone: (817) 405-0878
Fax: (214) 276-1787
Email: resolutions.manager@p-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional Psychotherapy x 6 sessions over 8 weeks

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

AADEP Certified

Whole Person Certified

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology

Clinical practice 10+ years in Chiropractic WC WH Therapy

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Behavioral Health 7/22/10 thru 2/8/11

11/5/10

Progress Notes 1/9/02 thru 2/14/02

Group 6/21/10 thru 3/10/11

Dr 9/6/10 thru 1/11/11

Dr. 7/1/10 thru 12/2/10

Dr. 6/28/10 thru 2/21/11

3/10/11

Lumbar Spine 6/210/10

Dr. 7/22/10 thru 11/11/10

Dr. 9/7/10 thru 2/16/11
Peer Review 9/15/10
Electrodiagnostic Interpretation 11/19/10
Pre-Surgical Screening 1/12/11
1/28/11 thru 2/24/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee was involved in an occupational injury on xx/xx/xx when he slipped and fell. The injured employee injured his low back and left knee/leg. The injured employee underwent an MRI of the lumbar spine, which revealed a disc herniation at L4-5, a disc protrusion at L5-S1, and a disc protrusion at L3-4. The injured employee underwent a surgical consultation with Dr. who reported that the injured employee has two options, continue with therapy and LEIS or surgical intervention. The injured employee has undergone LESI on 11/11/2010. On 11/19/201, he underwent an EMG/NCV that was performed by remote site technician DC and read by Dr. MD which appears to be against the standard of medical practice according to the Medical Board. EMG/NCV reported evidence of acute left L5 lumbar radiculopathy. Current medications are Skelaxin 800mg, Flexeril 10mg, Naprosyn 500mg, IBP 800mg, Lortab 10/500mg, Dalmane 30mg, Niacin 500mg, Percocet 7.5/325mg, Equate PM 500mg, and Paxil 30mg.

The injured employee had participated in 6 individual sessions of psychotherapy session. During the 6 sessions of individual psychotherapy functional improvements were evidenced by the injured workers pain scale had decreased from a 8 to a 3-5/10, pain experience decreased from a 96 o a 90, Beck Depression decreased from a 30 to a 29, Beck Anxiety from a 37 to a 15, and Sleep Questionnaire decreased from a 55 to a 53. The treating physician is requesting 6 additional session of psychotherapy.

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

The injured employee currently does meet the required guidelines for 6 additional sessions of psychotherapy sessions as requested. The Guidelines recommend a trial of 6 sessions, which has been performed and objective functional improvements were evidenced. Therefore the 6 additional sessions would be considered medical necessary per ODG.

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)

ODG Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress

Recommended as indicated below. Providers should explain to all patients with PTSD the range of available and effective therapeutic options for PTSD. [Cognitive Therapy](#) (CT), [Exposure Therapy](#) (ET), [Stress Inoculation Training](#) (SIT), and [Eye Movement Desensitization and Reprocessing](#) (EMDR) are strongly recommended for treatment of PTSD in military and non-military populations. EMDR has been found to be as effective as other treatments in some studies and less effective than other treatments in some other studies. [Imagery Rehearsal Therapy](#) [IRT] and [Psychodynamic Therapy](#) may be considered for treatment of PTSD. [Patient education](#) is recommended as an element of treatment of PTSD for all patients. Consider [Dialectical Behavioral Therapy](#) (DBT) for patients with a borderline personality disorder typified by parasuicidal behaviors. Consider [hypnotic](#) techniques especially for symptoms associated with PTSD, such as pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used. Specialized PTSD psychotherapies may be augmented by additional problem specific methods/services

and pharmacotherapy. Combination of cognitive therapy approaches (e.g., ET plus CT), while effective, has not proven to be superior to either component alone. Specific psychotherapy techniques may not be uniformly effective across all patients. When selecting a specific treatment modality, consideration of patient characteristics such as gender, type of trauma (e.g., combat vs. other trauma), and past history may be warranted. Patient and provider preferences should drive the selection of evidence-based psychotherapy and/or evidence-based pharmacotherapy as the first line treatment. Selection of individual interventions should be based upon patient preference, provider level of skill and comfort with a given modality, efforts to maximize benefit and minimize risks to the patient, and consideration of feasibility and available resources. Psychotherapies should be provided by practitioners who have been trained in the particular method of treatment, whenever possible. A stepped care approach to therapy administration may be considered, though supportive evidence is lacking. Psychotherapy interventions are aimed at reduction of symptoms severity and improvement of global functioning. However, the clinical relevance and importance of other outcome indicators (e.g., improvement of quality of life, physical and mental health) are not currently well known. ([VA/DoD, 2004](#))

ODG 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](#))

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

ACOEM-AMERICA 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)