



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

05/05/2011

MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 05/05/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 sessions of cognitive behavioral therapy (90806)

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

Texas State Licensed MD Board Certified Psychiatry & Neurology physician

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)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Assignment to 04/28/2011
2. Notice of assignment to URA 02/28/2011 04/28/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 04/12/2011
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 04/27/2011
6. letter 04/22/2011, review 04/22/2011, letter 04/19/2011, 04/15/2011, review 04/15/2011, 02/10/2011, 11/02/2010, medicals 04/27/2011, 04/22/2011, 04/12/2011, 02/07/2011, 10/27/2010, 08/30/2010, 07/19/2010, 03/30/2010, 10/26/2009
7. ODG guidelines were provided by the URA

PATIENT CLINICAL HISTORY:

The patient is a female who sustained a work-related injury on xx/xx/xxxx. Since then the injured worker has had at least 74 sessions of individual therapy, 40 sessions of group therapy, and 48 sessions of biofeedback and cognitive therapy. She has also had 24 sessions of biofeedback in 2006 and 20 sessions of a chronic pain management program/multidisciplinary program in 2007. The injured worker, according to the treating provider, has a diagnosis of



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posttraumatic stress disorder, severe, with severe depressive features and severe psychotic features. The treating provider requests continued therapy, as the injured worker has continued severe symptoms of posttraumatic stress disorder with comorbidity, and the treating provider indicates the injured worker has made some progress to date and without continued treatment will decompensate. The review request is for 12 sessions of cognitive behavioral therapy (90806).

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

The claimant has had extensive psychotherapy, group therapy, and behavioral therapy exceeding web-based Official Disability Guidelines. Although she has been certified in the past as "an outlier" requiring extensive treatment, a reviewer on November 2, 2010, correctly states that the approval of the treatment at that time should "wrap up the case to conclusion." The request for continued treatment is not documented to have an endpoint to treatment, and it is essentially a continuation of a previous request without evidence of significant sustained psychological improvement from the previous sessions. Symptoms of posttraumatic stress disorder wax and wane over time, and the injured worker has more than met web-based Official Disability Guidelines. Web-based Official Disability Guidelines for the treatment of posttraumatic stress disorder, which states, "There is evidence that individual trauma-focused cognitive behavioral therapy, exposure therapy, stress management, and group-therapy focused cognitive behavioral therapy are very effective in the treatment of posttraumatic stress disorder. Initial trial of six visits over 6 weeks. With evidence of objective functional improvement, a 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 cognitive behavior therapy 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." The materials received and reference reviewed fail to document the claimant has made substantial improvement as a result of the cognitive behavioral therapy. There is not an endpoint identified in the request, and there is not a specific expectation for behavioral improvement in a time requested for the cognitive behavioral therapy; therefore, the insurer's decision to deny the requested 12 sessions of cognitive behavioral therapy (90806) is upheld.

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 KNOWLEDGBASE
- AHCP- 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



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- 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)**