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Notice of Independent Review Decision

DATE OF REVIEW: MAY 14, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Psych x 6 (90806, 97799)

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

This physician is Board Certified in Psychiatry with over 25 years of experience.

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

On March 9, 2011 there is a Discharge summary report from Chronic Pain Management Program. The documentation states the claimant has improved significantly and believes the chronic pain management program has allowed him to improve emotionally, mentally, and physically, he continues to be very anxious about returning to work, he is goal oriented and is looking forward to returning to school. The goal of individual psychotherapy is to decrease Beck Depression Inventory by 3 points, continue to decrease Sleep Questionnaire by 12 points, continue to assist in improving functional restoration by reduction of 5 points on the McGill Pain questionnaire and 6 points on the pain experience scale, to continue to assist in developing an appropriate vocational plan, continue to monitor medication management plan in order to address concerns and decrease medications.

On March 24, 2011 there is a preauthorization request from Associates to. The documentation attached is a discharge

summary report dated March 9, 2011. The request is for individual psychotherapy total visits: 6 sessions over 6 weeks.

On March 29, 2011 there is a response to denial letter from by MS, LPC, Inc. to. The response states that the claimant decreased from a 76 to a 42 on the Pain Experience Scale, decreased from a 41 to a 29 on the McGill Pain Questionnaire, decreased from an 18 to an 11 on the Beck Anxiety Inventory, and decreased from a 38 to a 34 on the Sleep Questionnaire. Individual therapy was requested on 11/26/08 and was denied, requested on 9/22/10 and 10/7/10 and was denied. Due to denials the claimant was unable to receive lower levels of care prior to the chronic pain program. The ODG is referenced for chronic pain patients and cognitive therapy is recommended. The request is that the case be reopened for appeal.

On March 29, 2011 there is a letter of non certification from to DC. The conclusion states a peer to peer was attempted but was not successful. This claimant has recently completed a chronic pain program, which is inclusive of psych treatments. A chronic pain program is a tertiary care program. ODG does not support repeating the same or similar program for the same work injury following the completion of the program which a chronic pain program. The current request is a lower level of care and should have been performed prior to having the chronic pain program performed. The claimant had sufficient psych treatments to date including the recent chronic pain program, which was recently discharged from. The current request is not necessary at this time for this claimant. The current request is not consistent with the evidence based guidelines, reasonable and necessary, Non-Authorization is advised. The addendum states spoke to MS, LPC on 3/29/11 at 3:30 PM-CST. The prior decision remains unchanged.

On April 19, 2011 there is a letter from to Associates LPC regarding a request for reconsideration which states that the original non-certification determination has been upheld. The conclusion states the current evaluation does not attempt to assess the factors that may have contributed to the claimant's inability to benefit from previous psychological interventions including a multidisciplinary chronic pain management program. The ODG state that additional psychological treatments should only be provided "with evidence of objective functional improvements" from previous psychological treatments. After a multidisciplinary chronic pain management program which is usually considered the "end point" of treatment the claimant continues to use narcotic medications and the claimant has not returned to work. This presents a poor prognosis for the requested treatment. The Program's failure to return the claimant to work and to detox him from narcotic medication does not justify continued treatment beyond the Program's end point. Thus, the request is also inconsistent with the criterion: "At the conclusion (of a chronic pain management program) and subsequently neither re-enrollment in repetition of the same or similar rehabilitation program e.g. work hardening, work conditioning, outpatient medical rehabilitation is medically warranted for the same condition or injury with the possible exception for a medically necessary organized detox program. After a CPMP is completed, patients should be encouraged to function "more independently" to self manage psychological symptoms and "reducing any ongoing dependency on the interdisciplinary team and services". While ODG

encourages follow up after the patient completes a CPMP, the use of individual psychotherapy as follow up is not supported by the ODG. Furthermore, this injury is over x years old, the evaluation diagnoses Chronic Pain, Cognitive therapy for depression or anxiety is only appropriate when it is the primary focus of treatment, which is not the case with this claimant who is reporting chronic pain and the current evaluation states that the claimant's psychological symptoms are related to his pain complaints. This request is not consistent with ODG and ACOEM Guidelines concerning the use of individual psychotherapy with this type of patient who is reporting chronic injury, ODG (for chronic pain and back injuries, state "consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone". At the present time there is recent or current physical therapy treatment of this injury. There is no evidence that this is an "appropriately identified patient" for this therapy. Based on the documentation provided, ODG criteria were not met. It is recommended that the request for Individual psychotherapy x 6 is not reasonable or necessary. I contacted Ms. who stated she is authorized to discuss this case, treatment goals, treatment history and the claimant's current psychological symptoms were discussed. I uphold the adverse determination.

PATIENT CLINICAL HISTORY:

No patient clinical history is provided in the documentation.

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

The previous decisions are upheld. The claimant has already completed a chronic pain management program which included psychotherapy; therefore since the ODG does not support repeating psychotherapy the additional sessions are not authorized. Furthermore, the use of individual psychotherapy as follow up after completion of a chronic pain management program is not supported by the ODG.

ODG:

ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain:

Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ).

Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT.

Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone:

- Initial trial of 3-4 psychotherapy visits over 2 weeks
- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)

With severe psych comorbidities (e.g., severe cases of depression and PTSD) follow guidelines in ODG Mental/Stress Chapter, repeated below.

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- 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)