SENT VIA EMAIL OR FAX ON
Nov/14/2011

Pure Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Nov/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual Psychotherapy 6 sessions

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

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Cover sheet and working documents
Utilization review determination dated 10/11/11, 11/01/11
Response to denial letter dated 10/21/11
Initial diagnostic screening dated 09/01/11
CT scan lumbar spine dated 05/02/11
Office visit note dated 04/11/11, 08/13/10, 05/17/11, 08/09/11
Mental health treatment request undated
Functional capacity evaluation dated 03/11/11, 07/20/11
Designated doctor evaluation dated 02/08/11, 09/26/11
Order for designated doctor examination dated 03/04/11
Reevaluation dated 02/14/11
Operative report dated 08/13/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. On this date the patient was transferring loaded boxes on a flat dolly when one of the boxes began to slip; she reached and pushed against it and experienced severe low back pain. Treatment to date is noted to include physical therapy, diagnostic testing, epidural steroid injection x 2 and L4-5 decompression, TLIF with posterior lateral arthrodesis along with pedicle stabilization at L4-5 on 08/13/2010. Designated doctor evaluation dated 02/08/11 indicates that diagnosis is status post lumbar fusion L4-5. Impairment rating is noted to be 5%. Functional capacity evaluation dated 03/11/11 indicates that required PDL is medium heavy and current PDL is sedentary-light. Functional capacity evaluation dated 07/30/11 indicates that required PDL is medium and current PDL is sedentary. Initial diagnostic screening (90801) dated 09/01/11 indicates that current medications include Gabapentin, Soma, Lipitor and Lisinopril. BDI is 14 and BAI is 26. Diagnoses are pain disorder associated with work related injury medical condition and psychological factors; and adjustment disorder with mixed anxiety and depressed mood, acute. Designated doctor evaluation dated 09/26/11 indicates that diagnosis is fusion at L4-5 and L5-S1. She is not going to be able to go back to her regular work and should undergo rehab training so she could do something like computer classes with Microsoft.

Initial request for individual psychotherapy x 6 sessions was non-certified on 10/11/11 noting that the injury is over 4 years old, and the patient's presentation is consistent with chronic pain disorder. Guidelines note that there is no quality evidence to support the independent/unimodal provision of cognitive behavioral therapy for treatment of patients with chronic pain syndrome. Cognitive therapy for depression or anxiety is only appropriate when it is the primary focus of treatment, which is not the case with this patient who is reporting chronic pain. The denial was upheld on appeal dated 11/01/11 noting that the utilized psychometric instruments are inadequate/inappropriate to elucidate the pain problem, explicate psychological dysfunction or inform differential diagnosis in this case, and there is no substantive behavior analysis to provide relevant clinical/diagnostic information.

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

Based on the clinical information provided, the request for individual psychotherapy 6 sessions is not recommended as medically necessary, and the two previous denials are upheld. The patient has been diagnosed with pain disorder associated with work related injury medical condition and psychological factors; and adjustment disorder with mixed anxiety and depressed mood, acute; however, there is no indication that the patient has undergone a trial of psychotropic medication. The Official Disability Guidelines note that the gold standard of treatment is a combination of medication management and individual psychotherapy. As noted by the previous reviewer, current evidence based guidelines note that there is no quality evidence to support the independent/unimodal provision of cognitive behavioral therapy for treatment of patients with chronic pain syndrome. The response to denial letter indicates that requests for chronic pain management program have been denied noting that the patient has not undergone a course of individual psychotherapy; however, given the chronicity of the patient's date of injury, the patient does not appear to be an appropriate candidate for chronic pain management program. Given the current clinical data, the requested individual psychotherapy is not indicated as medically necessary.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES