



MedHealth Review, Inc.
661 E. Main Street
Suite 200-305
Midlothian, TX 76065
Ph 972-921-9094
Fax 972-775-6056

Notice of Independent Review Decision

DATE OF REVIEW: 10/10/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of PsyTx, Off, 90806 45-50 minutes.

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

The reviewer is a Ph. D who is board certified in Psychology. 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 agrees with the previous adverse determination regarding the prospective medical necessity of PsyTx, Off, 90806 45-50 minutes.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Fire Ins.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Injury 1: 9/27/11 letter, 8/15/11 preauth request form, 8/22/11 denial letter, 9/7/11 preauth request form, 9/7/11 reconsideration letter by Psy. D., 9/9/11 denial letter, undated patient face sheet, 7/14/11 script for individual counseling and 7/27/11 initial behavioral med consult report.

Fire Ins.: All records submitted were duplicative of those listed above.

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

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was injured on xx/xx/xxxx after an accident at work. He reports that he was employed and was riding on a cart, attempted to turn right, but the cart steering wheel was stuck and the cart ended up hitting a car. His left knee hit the metal dashboard of the cart and became trapped between the steering column and front of the cart. He was immediately evaluated with x-rays of his knee and prescribed an icepack, crutches, and two prescription pain medications.

Approximately 4 days later, the claimant was referred for physical therapy and an evaluation with an orthopedic specialist. On July 15, 2011 the pain intensified to the point he ended up going to the emergency room. He has been referred for behavioral health evaluation by Dr. due to "Observed anxiety concerns related to pain." The claimant's Patient Face Sheet for Injury One indicates diagnoses of Dislocation of Knee, Sprain of Medial Collateral Ligament of Knee, Unspecified Site of Ankle Sprain, and Lumbar Strain.

On July 27, 2011, the claimant was evaluated by LPC for an Initial Behavioral Medicine Consultation. At that time, the claimant reported an average pain level of 10/10. He endorsed difficulties with sleep, performing household chores, exercising, playing sports, standing, walking, bending, squatting, climbing stairs, and caring for his children. He reported an increase in alcohol consumption from 1 to 3 beers per day and increased tobacco use from one pack of cigarettes to 1 1/2 to 2 packs per day. Psychological screenings administered suggested a severe level of depression and anxiety as measured by the Beck Inventories. He also endorses significant fear avoidance beliefs regarding work and physical activity. With regard to target symptoms, on a scale from 1 to 10 with 10 being the worst, he reported symptoms within the 9 to 10 point range. The target symptoms were irritability, frustration, nervousness/worry, muscle tension and sleep problems.

As a result of the behavioral health evaluation, the claimant was diagnosed with a Pain Disorder Associated with Both Psychological Factors and a General Medical Condition, acute in nature, on Axis I. On Axis II, the claimant was not given a diagnosis. On Axis III, the clinician noted injury to low back, left knee, and left ankle. On Axis IV, the clinician noted problems with personal physical injury social environment and access to healthcare services, economic, occupational, and housing issues. The current Axis V GAF score currently was 52 with an estimated pre-injury score of 82. Ms. proposed a treatment plan that involved individual psychotherapy using cognitive behavioral therapy approaches and basic self-management strategies. She requested four sessions of individual psychotherapy. The overall treatment goals included reducing and controlling physiological reactions involved in the pain experience, improving sleep hygiene, facilitating resolution of feelings of anxiety and distress, and facilitating communication between healthcare providers and the claimant's employer.

On August 22, 2011, DC reviewed the request for psychotherapy. Dr. denied the request for services stating that "The medical necessity for the requested course of individual psychotherapy is not established. Upon review of the documentation, the applicable occupational guidelines state that the requested course of care can be considered for patients with chronic low back pain and delayed recovery is at issue in this case. In fact the injuries would still be considered acute given the fact that the injury is some six weeks old at this time. Moreover, the records reveal that a recent course of physical therapy yielded progress. Lastly, the records revealed the presence of severe depression and anxiety. However the injury is less than six weeks old. This brings into question the reliability of the psychosocial issues to the injury of record. As such there would be no established rationale for the consideration of individual psychotherapy as requested. Therefore the requested for individual psychotherapy sessions is not medically necessary or appropriate."

A reconsideration for behavioral health individual psychotherapy preauthorization request was submitted on September 7, 2011 by Psy.D and PhD. In the reconsideration request, Dr. indicated that the claimant was reporting "difficulties with activities of daily living, sleep disturbance, appetite disturbance, increase in alcohol consumption, increasing tobacco use, along with increased pain and anxiety." They also reiterated the results of psychological screenings which continued to suggest severe depression and anxiety as well as significant fear avoidance beliefs regarding physical activity and work. They cited Texas labor code 408.021 on entitlement to medical benefits which states that "An employee who sustained a compensable injury is entitled to all healthcare reasonably required by the nature of the injury as, and when, needed."

The appeal request was sent to PhD. Dr. also indicated that "The requested appeal for individual psychotherapy once a week for four weeks is not medically necessary or appropriate. Based on the provided documentation in the peer to peer consult, the requested appeal for individual psychotherapy once a week for four weeks is not medically necessary and appropriate. This is an appeal to a previously denied request for individual psychotherapy times four. No additional or new information has been submitted. Consistent with DC's opinion the records do not reveal that either chronic pain or delayed recovery is at issue in this case. In fact the injuries would still be considered acute given the fact that the injury is some eight weeks old at this time. Per ODG 836.0 Tear of medial cartilage or meniscus of knee, a claimant is considered at risk for delayed recovery 89 days after the beginning of treatment. ODG also recommends screening and treatment for psychiatric disorders for patients with chronic unexplained pain delayed recovery poor response to treatment. However this is not the case yet as the claimant has explained pain (eight weeks into treatment), has not reached the stage delayed recovery, per ODG, and continues to make progress through physical therapy. Therefore the requested appeal for individual psychotherapy once a week for four weeks is not medically necessary or appropriate."

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

The claimant was employed and sustained injuries to his low back and lower left extremity after a work-related accident. He was referred for an Initial Behavioral Medicine Consultation by Dr. because of "observed anxiety and concerns related to pain." He is diagnosed with Dislocation of Knee, Sprain of Medial Collateral Ligament of Knee, Unspecified Site of Ankle Sprain, and Lumbar Strain. As a result of his scores on psychological screenings and self-report of symptoms, the claimant was diagnosed with a Pain Disorder Associated with Psychological Factors and a General Medical Condition. A treatment plan to provide four sessions of cognitive-behavioral therapy was requested by LPC. Dr. subsequently denied the request. A reconsideration for individual psychotherapy request was submitted by Dr. and Dr. The reconsideration request was denied by Dr.

The current Low Back Chapter, Behavioral Treatment subchapter, of the Official Disability Guidelines (ODG) updated 09/21/2011, states that Psychological Treatment or Behavioral Treatment is "Recommended as option for patients with chronic low back pain and delayed recovery." The ODG Cognitive Behavioral Therapy (CBT) guidelines for low back problems suggests to "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 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)." The Psychological Evaluations subchapter also states that Psychological Evaluations are " Recommended based upon a clinical impression of psychological condition that impacts recovery, participation in rehabilitation, or prior to specified interventions (e.g., lumbar spine fusion, spinal cord stimulator, implantable drug-delivery systems)." In addition, the current Pain Chapter, Delayed Recovery subchapter, updated 9/30/2011 states that "Identification of delayed recovery is dependent on the specific injury or illness, and disability duration guidelines can provide guidance.

Two approaches have been suggested:

(1) At-Risk cases: Disability duration experience data, for each condition, can show expected calendar-days away from work by decile, using the 50% number for "Midrange" and the 90% number for "At-Risk". The At-Risk number of days may be used to trigger "Delayed recovery" interventions, because it is the point at which 90% of cases with this primary diagnosis should have returned to work, and the point when the case has already become an outlier and is at risk of never returning to functionality. (ODG_Help, 2009) To identify these "At-Risk" cases, see the appropriate RTW guidelines by ICD9 diagnosis code. For example, for lumbar sprains and strains (ICD9 847.2), the At-Risk time using claims data would be 63 days. For lumbar disc disorders (ICD9 722.1), it would be 144 days.

(2) 30 days beyond normal healing: The Treatment Planning section of this chapter defines chronic pain as pain that persists for at least 30 days beyond the usual course of an illness, so that Delayed recovery would include cases taking longer than this. (ODG_TP, 2009) The normal course of recovery can be identified from experience data in the appropriate RTW guidelines by ICD9 diagnosis code. For example, for lumbar sprains and strains (ICD9 847.2), the expected Midrange (median) time using claims data would be 17 days, so Delayed recovery would start at 47 days, using this approach. For lumbar disc disorders (ICD9 722.1), it would be 96 days (66 plus 30)."

The Initial Behavioral Medicine Consultation was conducted 18 days after the work injury. At that time, the claimant's report of pain did not fall within the established time frame for claimant's who are at risk for delayed recovery. For lumbar strain, the ODG suggests that the claimant is at risk for delayed recovery 63 days after the injury. Therefore, the claimant's injury is still within the time frame where continued healing and pain would be expected. Due to the above factors, this injured worker doesn't meet the criteria of the ODG for inclusion in the treatment requested at this time. Therefore, the requested services are not medically necessary at this time.

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)**