



## Notice of Independent Review Decision

**DATE OF REVIEW:** 09/09/11

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Individual Psychotherapy 1x6  
Biofeedback Therapy 1wx6wks

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

Licensed in Psychology and Forensic Psychology

### **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.

Individual Psychotherapy 1x6 – UPHELD  
Biofeedback Therapy 1wx6wks – UPHELD

## **PATIENT CLINICAL HISTORY (SUMMARY):**

The patient is a male whose date of injury is xx/xx/xx. On this date he was unloading windows with a co-worker when the co-worker dropped his end, and the patient injured his lower back and left leg. Initial behavioral medical evaluation dated 09/15/06 indicates that the patient reports panic attacks. Treatment to date includes diagnostic testing, work conditioning and physical therapy. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, mood disorder due to a medical condition and insomnia due to a medical condition. Behavioral medicine consultation dated 02/29/07 indicates that medications include Norco and Lyrica. BDI is 27 and BAI is 23. Diagnoses are depressive disorder and generalized anxiety disorder per patient report. Behavioral medicine testing results dated 03/20/07 indicates that the patient did not endorse any of the validity items on BHI-2. MBMD results indicate the patient is experiencing depression and anxiety that are sufficiently severe to cause impairment in his life. Chronic pain evaluation dated 07/09/07 indicates that the patient has recently been diagnosed as being bipolar by MHMR psychiatrist. The patient was prescribed Lamictal and Diazepam. The patient was in a work hardening program at that time. Behavioral medicine consultation reevaluation dated 03/19/08 indicates the patient underwent hernia surgery in March 2008. Medications are listed as Hydrocodone and Soma. BDI is 28 and BAI is 19. Diagnosis is major depressive disorder, rule out pain disorder. Presurgical behavioral medicine consultation dated 03/17/09 indicates that the patient has completed 14 individual psychotherapy sessions in an effort to resolve injury related mood disturbance, implement coping skills and improve his overall level of adjustment. The patient has also completed 5 days of work hardening and 10 days of CPMP. Medications include Oxycodone, Lunesta, Motrin, Robaxin, Lasix and Potassium. BDI is 19 and BAI is 10. Diagnosis is depressive disorder nos. The patient was psychologically cleared for spine surgery. Progress note dated 02/23/11 states that medications include Lasix, Alprazolam, Neurontin, MS Contin, Lunesta, MS IR, and Baclofen. Health and behavioral reassessment dated 03/15/11 indicates that BDI is 25 and BAI is 21. Diagnosis is pain disorder associated with psychological factors and a general medical condition. Note dated 06/16/11 indicates that MS Contin will be discontinued. Treatment reassessment dated 07/12/11 states that the patient has completed 6 of 6 days of individual psychotherapy with good benefits. Medications include Morphine, Lunesta, Gabapentin and Xanax. Diagnosis is pain disorder associated with psychological factors and a general medical condition. Affect is broad. Mood is dysthymic and anxious. The patient reports that IPT has been very beneficial to him as it has given him a safe place in which to process his injury and its impact upon his life. He has begun practicing relaxation techniques. Pain decreased from 6 to 5/10, irritability from 8 to 6/10, frustration increased from 6 to 7/10, muscle tension increased from 5 to 6/10, nervousness remained 7/10, depression remained 6/10, sleep problems decreased from 9 to 6/10, and forgetfulness remained 4/10. BDI decreased from 25 to 23 and BAI increased from 21 to 23. Initial request for IPT and biofeedback was non-certified on 08/02/11 noting that the recent medicals did not contain a complete mental status examination that reflects the gains obtained as a result of the previously rendered individual psychotherapy and substantiates the necessity of the additional requested sessions. The review states that the patient has undergone individual psychotherapy since 2007; however, objective improvement of the patient's psychometric parameters was not provided for review by the submitted records. The patient is not on any antidepressants. The denial was upheld on appeal dated 08/15/11 noting that the patient showed minimal improvement with depression scores and increase in anxiety scores.

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

Based on the clinical information provided, the request for individual psychotherapy 1 x 6/biofeedback therapy 1 x wk x 6 wks is not medically reasonable or necessary. The injured worker has not sustained any significant benefits from previous medications, individual psychotherapy, work hardening or Chronic Pain Management Program. Moreover, he was previously diagnosed with Bipolar Disorder and later Major Depressive Disorder, but is not prescribed medications that are typically used for the treatment of these disorders. It is unlikely that the injured iorker will benefit from additional individual psychotherapy sessions or biofeedback.

**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)**

**AMA GUIDES 5<sup>TH</sup> EDITION**