

Independent Reviewers of Texas
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Notice of Independent Review Decision

DATE OF REVIEW: 03/26/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 6 sessions of psychotherapy.

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

REVIEW OUTCOME:

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

- | | | |
|-------------------------------------|---------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Upheld | (Agree) |
| <input type="checkbox"/> | Overtured | (Disagree) |
| <input type="checkbox"/> | Partially Overtured | (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:

Includes initial behavioral medicine consultation dated 02/07/2012, initial review determination dated 02/24/2012, and an appeal review determination dated 03/01/2012.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a female who was referred for behavioral medicine consultation by her treating provider. This was to assess emotional status and to determine her suitability for level of behavioral medicine treatment and/or a return to work program. Medical history indicates that she sustained a work related injury to her low back on xx/xx/xx, while performing her customary duties as xx. She was lifting a case of 24 pack of 12 ounce bottles and was stocking this and felt pain to her back and heard a pop. She could not move her left leg after that and went to the office to notify her manager. She has been treated with Naprosyn and Flexeril and has had 6 physical therapy visits to see if the pain would subside. After that, she had surgery in the form of a lumbar fusion on L5-S1 on 01/10/2012. She has not been cleared to do physical therapy after her surgery. She was submitted for behavioral medicine consultation to see the suitability for some level of behavioral health care secondary to observe distress and persistent pain condition. Medications at that time included Gabapentin, Diazepam, Sulindac, hydrochlorothiazide and

Hydrocodone. She describes the pain as 8/10 to 10/10. She reports undergoing a psychological evaluation prior to her fusion surgery, but has not see anyone for psychotherapy due to her injury. Her primary care physician prescribed Diazepam for anxiety and hydrochlorothiazide for her blood pressure. Beck Depression Inventory score was 17 and her Beck Anxiety Inventory score was 24. Fear avoidance of work score was 42. Her fear avoidance of physical activity was at 24. Based on those findings, she was recommended for individual psychotherapy 1 times a week for 6 weeks.

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

The original review dated 02/24/2012, indicated that there is no quality evidence to support the independent revision of cognitive behavioral therapy for treatment of patients with chronic pain syndrome. There was no affective psychotherapeutic treatment for such disorders. Furthermore, it found that the request was inconsistent with **Official Disability Guidelines** for chronic pain as the guidelines indicate that this request that psychotherapy should be considered after 4 weeks if lack of progress on physical therapy alone is indicated. At the present time there were no current or recent physical therapy sessions. The presurgical psychological evaluation included a significant psychiatric distress was not seen. The current psychological evaluation did not address the results of the recent presurgical psychological evaluation; the patient was only reporting mild depressive symptoms. Current evaluation does not address these inconsistencies. Therefore, this was inconsistent with **Official Disability Guidelines**. Furthermore, the current psychological evaluation indicated that psychological symptoms were only mild to moderate according to the Beck scores. As such, **Official Disability Guidelines** criteria were not met for individual psychotherapy. The subsequent appeal review dated 03/01/2012, indicated that there was a previous psychological evaluation which found no current diagnosable psychological problems associated with the orthopedic or pain problems and diagnosed only an anxiety disorder by history and had screened the patient positively for back surgery. There is no explanation for the postoperative appearance of these very different impressions. Fusion result and physical therapy guided rehabilitation was successful; there will be no significant indication for psychotherapy to assist the patient in restoring functional status. Therefore, the patient was not an appropriately identified patient for whom psychotherapy was both reasonable and necessary per **Official Disability Guidelines**. The instrumented medical records in the form of the initial behavioral medicine consultation dated 02/07/2012, is reviewed and there are no physical therapy notes submitted. Additionally, the behavioral medicine consultation does indicate that the patient underwent a psychological evaluation in 12/2011, and was cleared for surgery. Therefore, there is lack of significant psychological issues at that time. Beck Depression Inventory score and a Beck Anxiety Inventory score only indicate mild depression and moderate anxiety. Therefore, this review is in agreement with the original determination and the appeal determination in that if the patient had undergone significant physical therapy and the fusion was successful, there would be no indication for psychotherapy. Additionally, if the original psychotherapy evaluation performed in 12/2011, was certified and she was cleared for surgery there was no significant psychological problems at that time. Therefore, the appeal and the original decision are 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 KNOWLEDGEBASE**
- _____ **AHCPR-AGENCY FOR HEAL THCARE 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

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- 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)

REFERENCES: Official Disability Guidelines, Pain Chapter, Online Version.