

CASEREVIEW

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Notice of Independent Review Decision

DATE OF REVIEW: April 12, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual psychotherapy (1wk4) or 4 sessions CPT 90806

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

This is a Board Certified Psychologist with over 24 years of experience.

REVIEW OUTCOME:

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

Upheld (Agree)

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:

02/13/12: Follow Up Evaluation with
02/27/12: Follow Up Evaluation with
02/28/12: Initial Behavioral Medicine Consultation by
03/02/12: Request for Preauthorization from
03/07/12: UR performed by
03/12/12: Follow Up Evaluation with
03/13/12: Request for Reconsideration from
03/19/12: UR performed by
03/20/12: Report of Maximum Medical Improvement/Impairment by

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured on xx/xx/xx. She was performing her regular duties when a handle struck her in the eye.

On February 13, 2012, the claimant had a follow-up evaluation with who reported she continued to have pain and discomfort in her neck and that the contusion to her left orbit had resolved. It was also noted she had seen a neurosurgeon that requested a contrast MRI, which had yet to be done. Work Hardening had also been recommended, but was placed on hold due to the requested MRI. On physical examination she had full range of motion of the cervical spine with good strength when tested in opposition. Her cranial nerves II through XII were intact and her extraocular movements were intact. She was non-tender over her cheeks and orbits. Impression: Cervical sprain/strain and contusion left orbit. Plan: 1. MRI of the cervical spine. 2. Requesting FCE. 3. Request a reassessment with psychology. 4. Continue with light duty work restrictions.

On February 27, 2012, the claimant had a follow-up evaluation with who reported she had a MRI of her cervical spine which demonstrated a small syrinx at the base of the cervical spine extending into the thoracic spine. She also had a small bulging disc at the L4-L5 level. added a lumbar herniated disc at L4-L5 to her diagnosis. Plan: 1. Request MRI of her thoracic spine with and without contrast. 2. Request a neurosurgical evaluation. 3. Refill Flexeril 10 mg. 4. She was given Motrin 600mg. 5. Continue with a light duty work restrictions.

On February 28, 2012, the claimant had an initial behavioral medicine consultation with to assess her emotional status and to determine relationship to the work accident. The claimant rated her pain at 8/10 and reported her average pain level was 8/10. She described as having burning pain in her shoulder. She reported difficulty with acts of daily living including: household chores, cooking, driving, squatting, lifting, and climbing stairs. She stated her injury makes life very difficult because she is unable to do much. She described changes in relationships as having more conflict with family and less participation in social outing. She endorses sleep maintenance insomnia. It was reported that the claimant's mood was dysthymic and her affect was flat. She did not display cognitive distortions. She scored 23 on the BDI-II, indicating moderate depression. She scored a 13 on the BAI, reflecting mild anxiety. Responses on the Fear Avoidance Beliefs Questionnaire (FABQ) showed significant fear avoidance of work (FABQ-W = 30) as well as significant fear avoidance of physical activity in general (FABQ-PA = 20). Multiaxial Diagnosis: Axis I: Pain Disorder associated with both psychological factors and a general medical condition; chronic. Axis II: no diagnosis. Axis III: Injury to left orbit and cervical. Axis IV: Primary support and Occupational problems. Axis V: GAF- Current: 60; Estimated pre-injury: 85. Based on the initial evaluation it was suggested that the claimant would greatly benefit from a brief course of individual psychotherapeutic intervention using CBT approaches and basic self-management strategies coupled with autogenic exercises to facilitate a healthy adjustment and improve her coping with her overall condition. It was recommended that the claimant receive immediate authorization for participation in 4 weeks of individual Psychotherapy while she is awaiting approval of an MRI of her thoracic spine with and without contrast and neurosurgical evaluation. Bas

On March 7, 2012, performed a UR on the claimant. Rationale for Denial: The mental health evaluation of 02/28/12 finds impressions of pain disorder, chronic. However, 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, noting also that there is no further rehabilitation planned at this time. There is also an apparently development of the c/o low back pain, etiology unknown vis-à-vis the above injury. The patient's history and clinical presentation is clearly consistent with inference of a chronic benign pain syndrome, as this commonly understood, which the provider affirms. The claimant is also awaiting further evaluation. It is premature to expect psychotherapy to provide any meaningful improvements in this context. Per all the above, the patient is not an 'appropriately identified patient' for whom psychotherapy is both reasonable and necessary at this time.

On March 12, 2012, the claimant had a follow-up evaluation with who reported she continued to have pain and did have some radicular type pain going to the right of her neck. It was also noted that the MRI of the thoracic spine had been denied. On physical examination she had full range of motion of the cervical spinal flexion, extension and rotation although she had decrease in discomfort when tested in opposition. Plan: Request MMI by received no written prescriptions, and continue light duty work restrictions.

On March 19, 2012, performed a UR on the claimant. Rationale for Denial: 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. This request also is not consistent with ODG and ACOEM Guidelines concerning the use of individual psychotherapy with this type of patient who is reporting chronic pain. ODG (for chronic pain) states 'consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone'. At the present time, there are no current or recent PT sessions. Additional evaluation of this injury and possible surgery are pending. The patient is working. These issues indicate that the request is not consistent with the requirement that psychological treatments only be provided for 'an appropriately identified patient'. Based on the documentation provided, ODG criteria were not met.

On March 20, 2012, the claimant was evaluated by for MMI/IR determination. opined that the claimant had not obtained maximal medical improvement as she had been recommended to begin a return to work/work hardening program and had demonstrated progress in past therapies.

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

Denial of the 4 individual psychotherapy sessions (90806) is upheld due to the fact that the request is not in line with ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain. Specifically, "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". The medical records sent for review did not contain any physical therapy notes or mention that the claimant underwent any physical therapy. Furthermore, mentioned in his report on March 20, 2012, the claimant had been recommended to begin a return to work/work hardening program. Therefore, based on ODG, the request for 4 individual psychotherapy sessions is not found to be medically necessary.

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)**