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Notice of Independent Review Decision

DATE OF REVIEW: April 2, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
6 sessions of outpatient IPT (Individual Psychotherapy)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This physician is Board Certified by the American Board of Psychiatrists with over 19 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:
02/01/12: Investigation report from PI with Investigations
02/25/12: Investigation report from PI with Investigations
02/29/12: Initial Behavioral Medicine Consultation by LPC from Injury 1
03/01/12: Behavioral Health Treatment Preauthorization Request from Injury 1
03/06/12: UR performed by MD
03/08/12: Addendum to UR performed by MD
03/08/12: Reconsideration: Behavior Health Individual Psychotherapy Preauthorization Request from Injury 1
03/08/12: Peer Review performed by MD
03/13/12: Required Medical Examination performed by MD

03/16/12: UR performed by MD
03/21/12: Notice of Disputed Issue(s) and Refusal to Pay Benefits letter

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a female who was involved in a work-related motor vehicle accident on xx/xx/xx. Records reflect that the injured worker was driving a vehicle and rear-ended the car that was in front of her. She reported complaints of pain in the neck, chest, and rib cage.

02/01/12: Investigation report from PI with Investigations assigned by.
Summary: In summary, after observing walking around, talking on her cell phone, smoking cigarettes, and squatting down, she definitely does not appear to be hurt or injured in any capacity. She used her right hand and arm most of the time as she talked on the cell phone and dialed numbers. She also lit cigarettes with her right hand and smoked with her right hand from time to time.

02/25/12: Investigation report from PI with Investigations assigned by .
Summary: In summary, now has her hand wrapped. However, she still uses her right hand to open doors, talk on her cell phone and smoking.

02/29/12: Initial Behavioral Medicine Consultation by LPC with Injury 1. The initial evaluation that we completed in our office suggests that Ms. 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 and self-management of pain. This should assist her in developing tools and skills for the management of her injury-related disturbances in mood and sleep. The patient should receive immediate authorization for participation in a low level of individual psychotherapy for a minimum of 6 weeks. Further, the healthcare team should work to reduce disturbances in mood and resolve psychosocial stressors by providing appropriate community resource referrals. This level of treatment will create a very positive response in her rehabilitation program and accelerate her recovery while simultaneously resolving pain induced stressors and developing a plan to expedite her return to normal functioning.

03/01/12: Behavioral Health Treatment Preauthorization Request from Injury 1 .
Requested Service: 90806 – Individual Psychotherapy 1 x 6 weeks. DX: 922.1, 847.0, 840.9, 847.2.

3/06/12: UR performed by MD. Rationale: The patient is a female whose date of injury is xx/xx/xx. On this date, the patient rear-ended a stopped vehicle. Surveillance report dated 02/01/12 reports that the patient was observed walking around, talking on the phone, smoking cigarettes, and squatting down, and she definitely does not appear to be hurt or injured in any capacity. Initial behavioral medicine consultation dated 02/29/12 indicates that the treatment to date includes PT x 7 and medication management. Current medications include

Dexamethazone, Metformin, Norco, Soma, Tramadol, Adipex-patient, and Naprosyn, 3DI is 23 and BAI is 21. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, acute; major depressive disorder, single episode, severe without psychotic features. Based on the clinical information provided, the request for 6 sessions of individual psychotherapy is not recommended as medically necessary. The patient is not currently on any antidepressant medication. Current evidence based guidelines note that the gold standard of treatment is a combination of individual psychotherapy and medication management. There is no indication that the patient has undergone any psychometric testing with validity measures to assess the validity of the patient's subjective complaints. References: ODG Mental Illness and Stress Chapter.

03/08/12: UR performed by MD. ADDENDEM: I discussed the case with Dr. on 03/06/2012 at 3:00 PM CST. He states patient has depression. Pain rated 9/10, but not sure if patient is magnifying. He did not want to discuss the mechanism of injury. IPT is not indicated.

03/08/12: Letter from PsyD. Reconsideration: Behavior Health Individual Psychotherapy Preauthorization Request from Injury 1. To the letter of non-authorization dated 03/06/12 Response: She saw Dr. who prescribed Paxil 10 mg on 3/1/12. She told Dr. that "this injury and accidents have triggered her to feel somewhat depressed." The patient has been injured for 3 months. The time span has been long enough to establish a case of delayed recovery for this injury. She has completed eight physical therapy sessions without any relief. ODG states that a patient that has not responded well to previous physical therapy should be allowed a trial of psychotherapy to help resolve issues that are contributing to a delayed recovery.

03/08/12: Peer Review performed by MD. Specific Questions: 1. Define *the compensable injury based on review of the medical records, surveillance/videos and the mechanism of injury. Please explain.* Based on the information presented to be reviewed and the described mechanism of injury, the extent of the compensable injury is felt to be a soft tissue strain of the paravertebral musculature of the cervical and lumbar regions of the spine, a contusion to the chest wall, and a contusion to the right hand versus a fracture of the base of the distal phalanx of the right thumb. 2. *Is the claimant suffering from any pre-existing conditions or ordinary diseases of life that may have an impact on the treatment and/or rehabilitation of the compensable injury? Please explain.* Records reflect that the injured worker has pre-existing conditions of asthma and polycystic ovary syndrome. The imaging studies also document a pre-existing history of degenerative disc disease in the cervical and thoracic spine with disc space narrowing at the C5-C6 level in the cervical spine. Grade 1 retrolisthesis of L4 on L5 in the lumbar spine was also noted and represents an ordinary disease of life in this injured worker. 3. *Has the original compensable injury been resolved per the ODG? Please explain.* The effects of the original compensable injury are felt to be resolved at this time. Although Official Disability Guidelines

does not address length of disability, based on MD Guidelines, the length of disability following a cervical or lumbar sprain is approximately 3 to 42 days for an individual in the medium physical demand level. 4. *We have submitted x-ray and MRI of the right thumb and hand. Please review and give your impression of these films. Also two different videos were provided. On 1/29/2012 the claimant was seen utilizing her right hand and thumb. However, when she went to see the Hand Specialist on 2/24/2012, she came out in a bandage.* The imaging studies have been reviewed and it is noted that the x-ray study of the hand does appear to show a fracture involving the base of the distal phalanx of the right thumb which is not noted on MRI study. The fracture at the base of the distal phalanx of the right thumb may be chronic and not acute. If this is an acute injury, repeated x-ray studies should show some calcification and healing of the fracture. If no healing or calcification is documented, this is probably a pre-existing nonunion secondary to previous injury. The surveillance images were reviewed and do note the injured worker utilizing the right upper extremity on a regular basis. The injured worker does not exhibit significant discomfort in the region of the right upper extremity with activities of daily living. 5. *Are the claimant's current complaints related to her on the job injury? Please explain.* The injured worker's ongoing complaints are felt to be secondary to the pre-existing degenerative condition and are not felt to be a function of the compensable injury, which is felt to be resolved at this time in regards to the neck and low back pain. With proper care and treatment, the pain of less severe lumbar sprains and strains typically lasts about five to ten days. Most lumbosacral injuries (90%) resolve within six weeks regardless of type of treatment (Radebold). If proper rehabilitation is provided sprains and strains should heal without any residual change in function. (Radebold, Andrea. "Lumbosacral Spine Sprain/Strain Injuries." eMedicine. Eds. Andrew D. Perron, et. Al. 21 Nov. 2007. Medscape. 6 Jan. 2005). I cannot say for certain that the injury to the thumb is resolved at this time and recommend obtaining additional plain x-rays to see if any healing is documented. It might be reasonable to have a board certified radiologist compare the plain films with the MRI findings and render an opinion on the acuity of the fracture since I cannot say for certain if this is acute or chronic in nature. 6. *Is current and future medical treatment reasonable and necessary? (Such as office visits, medications, physical therapy, chiropractic treatment, injections, psychotherapy, medications, work hardening/work conditioning, surgery, etc.)* Based on the medical documentation provided, the need for further treatment does not seem to be warranted at this time in accordance to the treatment guidelines to address the injuries to the cervical and lumbar spine. Treatment guidelines would support continuation of the self-directed home exercise program for range of motion, strengthening, stretching, and core stabilization exercises for the back and neck areas. It would be acceptable to obtain a repeated x-ray of the right thumb to see if there is any indication of healing in order to determine if this finding is acute or possibility chronic in nature. 7. *Please comment on any other issue that you believe to be relevant to this injury or the medical care that is being provided to the claimant that has not been addressed above.* I do not have any additional comments other than what has been discussed n the answers to the preceding questions.

03/13/12: Required Medical Examination performed by David Bauer, MD. The purpose of this examination is to determine appropriateness of medical care the injured employee has received. At the current time, no medical care would be reasonable or necessary. There are significant discrepancies between the claimant's history and the written records: For example, she states that there were neck pain complaints at Baylor and I am unable to reconcile that statement. She states she did not see Dr. Adair: His records indicate that she was. Her care appears to be directed by her attorney, certainly in the choice of medical providers. There is no objective evidence of any injury beyond a sprain/strain: This diagnosis is historically made rather than by any objective data. There is no evidence of cervical radiculopathy. Sensory examination is unreliable and non-physiologic. The objective testing (i.e. CT scan and EMG) has been normal. There is no evidence that she requires splinting of the thumb: The MRI was wholly normal. At the current time I am unable to demonstrate any objective change to the body, any damage or harm to her structure, or any evidence of injury for which ongoing care would be reasonable or necessary.

03/16/12: UR performed by Jerome Schmidt, MD. Rationale: The patient is a 32-year-old female whose date of injury is listed as 12/16/11. The mechanism of injury is described as a motor vehicle accident wherein the patient rear-ended a stopped vehicle. The submitted record includes surveillance reports of the patient. Surveillance report dated 02/01/12 states that the patient was observed walking around, talking on her cell phone, smoking cigarettes and squatting down, and she definitely does not appear to be hurt or injured in any capacity. She used her right hand and arm most of the time as she talked on the cell phone and dialed numbers. She also lit cigarettes with her right hand and smoked with her right hand from time to time. Surveillance report dated 02/25/12 indicates that the patient now has her hand wrapped; however, she still used her right hand to open doors, talk on her cell phone, and smoke. Initial behavioral medicine consultation performed on 02/29/12 states that the treatment to date includes physical therapy x 7 sessions. Medications are listed as Dexamethazone, Metformin, Norco, Soma, Tramadol hcl, Adipex-p, pre-natal tablet, and Naprosyn. The patient reports crying nearly every day for the past 2.5 months and notes that her personality has changed and she is no longer the happy, carefree person she was. The patient rates her level of overall functioning in life prior to the injury at 100% and rates her current level of functioning at 40%. BDI is 32 and BAI is 21. FABQ-W is 34 and FABQ-PA is 14. Diagnosis is listed as pain disorder associated with both psychological factors and a general medical condition, acute and major depressive disorder, single episode, severe without psychotic features. The initial request for IPT x 6 sessions was non-certified on 03/06/`1 noting that the patient is not currently on any antidepressant medication. Current evidence based guidelines note that the gold standard of treatment is a combination of individual psychotherapy and medication management. There is no indication that the patient has undergone any psychometric testing with validity measures to assess the validity of the patient's subjective complaints. Addendum to the report states that Dr. Gabriel was contacted who stated the patient has depression, but

not sure if the patient is magnifying. He did not want do discuss the mechanism of injury. Reconsideration dated 03/08/12 states that the patient saw Dr. Khan who prescribed Paxil 10 mg on 03/01/12. She told Dr. Khan that "this injury and incidents have triggered her to feel somewhat depressed." Given the current clinical data, the appeal request for 6 sessions of IPT is not considered medically necessary. Per the submitted surveillance records, the patient does not appear to be hurt or injured in any capacity. It appears that Dr. Gabriel has some concerns regarding whether or not the patient is magnifying her symptoms. The patient's subjective complaints appear to outweigh any objective findings, and the patient does not appear to have undergone psychometric validity testing such as MMPI. The patient is not currently taking any antidepressant medication. References: ODG Mental Illness and Stress Chapter. Cognitive therapy for depression.

03/21/12: Notice of Disputed Issue(s) and Refusal to Pay Benefits letter from JI Specialty Services, Inc. We are disputing entitlement of Indemnity and Medical Benefits because: Per the attached Peer Review from S. Josh Bell, MD dated 03/08/2012, the injury that was received while in the course and scope of employment is limited to soft tissue strain of the paravertebral musculature of the cervical and lumbar spine, contusion to the chest wall and contusion to the right hand and healed fracture of the right thumb. All other injuries, diagnoses, symptoms or test results are disputed and not considered part of the compensable injury. The current prescribed treatment of office visits, medications, physical therapy, chiropractic treatment, injections, psychotherapy, work hardening/work conditioning, surgery, etc is outside Official Disability Guidelines and will require pre-authorization. The Self-Insured will continue to review and process any medical that is considered reasonable and necessary as related to the claim.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The previous adverse determinations are upheld. Based on the medical records provided, there are questions as to the extent the claimant is hurt and whether the claimant is magnifying. A surveillance report dated 02/01/12 reported that the claimant was observed walking around, talking on the phone, smoking cigarettes and squatting down. Twenty four days later on 02/25/12 another surveillance report indicated that the claimant's right hand was wrapped, but she still used it to open doors, talk on her cell phone and smoke. There was also a Notice of Disputed Issues from the JI Specialty Services, Inc indicating they were only accepting a soft tissue strain of the paravertebral musculature of the cervical and lumbar spine, contusion to the chest wall and contusion to the right hand and healed fracture of the right thumb. ODG states that "The gold standard for evidence-based treatment of MMD is a combination of medication (antidepressants) and psychotherapy." The records fail to document that the claimant is currently taking antidepressant medication and that the claimant underwent psychometric validity testing such a MMPI. Based on surveillance provided and the lack of psychometric testing with validity measures to assess

the validity of the claimant's subjective complaints, and lack of documentation that the claimant is taking antidepressant medications, the request for 6 sessions of outpatient IPT is not found to be medically necessary.

ODG:

Cognitive therapy for depression	Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psychotherapy). (Paykel, 2006) (Bockting, 2006) (DeRubeis, 1999) (Goldapple, 2004) It also fared well in a meta-analysis comparing 78 clinical trials from 1977 -1996. (Gloaguen, 1998) In another study, it was found that combined therapy (antidepressant plus psychotherapy) was found to be more effective than psychotherapy alone. (Thase, 1997) A recent high quality study concluded that a substantial number of adequately treated patients did not respond to antidepressant therapy. (Corey-Lisle, 2004) A recent meta-analysis concluded that psychological treatment combined with antidepressant therapy is associated with a higher improvement rate than drug treatment alone. In longer therapies, the addition of psychotherapy helps to keep patients in treatment. (Pampallona, 2004) For panic disorder, cognitive behavior therapy is more effective and more cost-effective than medication. (Royal Australian, 2003) The gold standard for the evidence-based treatment of MDD is a combination of medication (antidepressants) and psychotherapy. The primary forms of psychotherapy that have been most studied through research are: Cognitive Behavioral Therapy and Interpersonal Therapy. (Warren, 2005) **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)

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)**