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Notice of Independent Review Decision

DATE OF REVIEW: April 17, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
6 Psychotherapy Sessions 90806 to complete by 5-25-12

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This doctor is a Licensed Psychologist with over 22 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:
02/15/2012: Initial Behavioral Medicine Consultation by PsyD with Injury 1
02/29/2012: UR performed by MD
03/16/12: UR performed by MD

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who sustained injuries to his low back, right knee, left ankle, and left foot on xx/xx/xx after he slipped while at a machine. He has undergone 3 surgeries on the right knee with laparoscopic meniscectomy. He has completed physical therapy, work hardening and a chronic pain program at AccuHealth, Inc without much pain relief. He is on chronic pain medications.

02/15/2012: Initial Behavioral Medicine Consultation by PsyD with Injury 1 . Current Medications: Tylenol with codeine, Ibuprofen 400 mg, Hydrocodone, and Flexeril. The claimant described his pain as a 5/10 with medication and a 7/10 without medications. He described the pain as a burning and numbness sensation. According to the report, the claimant reported difficulty with acts of daily living to include: exercise/playing sports, driving for more than 60 minutes, sitting longer than 60 minutes, standing more than 60 minutes, walking more than

40 minutes, bending, squatting, climbing stairs, lifting/carrying in excess of 5 lbs, and with sexual activity. He described changes in relationships as more conflict with family, less involved in family activities, isolate from others, and less participation in social outings. He also described changes in self-perception including: feeling useless/helpless/a burden, feeling a lack of control in his life, and feeling disappointed or angry at self. He also endorsed both initial and sleep maintenance insomnia. The claimant scored 17 on the BDI-II, indicating mild depression. He scored on the BAI a 13, reflecting mild anxiety. His responses on the Fear Avoidance Beliefs Questionnaire (FABQ) showed significant fear avoidance of work (FABQ-W = 39) as well as significant fear avoidance of physical activity in general (FABQ-PA = 18). Multiaxial Diagnosis: Axis I: Pain disorder associated with both psychological factors and a general medical condition. Axis II: no diagnosis. Axis III: Injury to low back and right knee. Axis IV: Primary support group, social environment, economic, and occupation issues. Axis V: GAF: current 60; Estimated pre-injury: 85. DETECTABLE POSITIVE EFFECTS OF TREATMENT ON PATIENT'S OVERALL CONDITION AND COURSE OF RECOVERY: The initial evaluation that we completed in our office suggests that Mr. 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 his coping with his overall condition. This should assist him in developing tools and skills for the management of his injury-related disturbances in mood and sleep. The patient should receive immediate authorization for participation in a low level of individual psychotherapy for a minimal of 6 weeks. Further, the healthcare team should work to reduce disturbances in mood and resolve psychosocial stressors by providing the appropriate community recourse referrals.

02/29/2012: UR performed by MD. The request for 6 sessions of individual psychotherapy is not medically necessary at this time. The documentation submitted for review indicates the patient has undergone prior treatment to include work hardening and chronic pain management program. Nurse case manager notes indicate the patient was recently approved for 80 hours of a chronic pain management program. No prior treatment notes were submitted for review to assess the efficacy of care. Given the above, the request is not supported at this time.

03/16/12: UR performed by MD. Rationale: Nearly three-year-old injury to the lower extremities and low back, treated with PT, medication, three right knee surgeries and completion of a full 20 day chronic pain program recently. Continues to report 5-9/10 pain with reduced function and is taking hydrocodone again. Reporting mild depression and anxiety symptoms as well. Given the treatment history, the claimant has clearly received extensive cognitive behavioral therapies for mood and pain control. The report contains no review of the past treatment, outcomes, whether or not the claimant is applying it, and if not or why not. The provider did not obtain and review past treatment records. The treatment plan for this request is for basic cognitive behavioral interventions which the claimant has already received and been taught. Request does not meet ODG

as he is not “appropriately identified” and while follow up after CPMP may at times be indicated, the present request lacks a specific and detailed rationale and plan to support the request. Discussed with and accepted by Dr. .

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The previous adverse determinations are upheld. Records indicate that the claimant has already received basic cognitive behavioral interventions through a Work Hardening Program and a 20 day Chronic Pain Management Program. There was no documentation sent for review indicating the claimant’s progress with these programs or if the claimant was applying the techniques learned during these programs. There is no indication that this claimant has been “appropriately identified” as recommended per ODG. Therefore, the request for 6 psychotherapy Sessions 90806 to complete by 5-25-12 is not medically indicated.

ODG:

Psychological treatment	Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient’s pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following “stepped-care” approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. See also ODG Cognitive Behavioral Therapy (CBT) Guidelines. (Otis, 2006) (Townsend, 2006) (Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005) See also Psychosocial adjunctive methods in the Mental Illness & Stress Chapter. Several recent reviews support the assertion of efficacy of cognitive-behavioural therapy (CBT) in the treatment of pain, especially chronic back pain (CBP). (Kröner-Herwig, 2009)

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)**