

MATUTECH, INC.

PO BOX 310069
NEW BRAUNFELS, TX 78131
PHONE: 800-929-9078
FAX: 800-570-9544

Notice of Independent Review Decision

DATE OF REVIEW: April 18, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual psychotherapy 1 x 6 weeks 90806

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

International Neuropsychological Society
American Psychological Association

REVIEW OUTCOME

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

Overtured (Disagree)

Medical documentation **supports** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

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- Office visits (03/08/12 – 03/22/12)
- Utilization reviews (03/13/12 – 03/29/12)

Injury 1:

- Office visits (03/08/12 – 03/22/12)
- Utilization reviews (03/13/12 – 03/29/12)

TDI:

- Utilization reviews (03/13/12 – 03/29/12)

[ODG has been utilized for the denials.](#)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who injured his hand on xx/xx/xx, when his hand was bent back while moving an object.

In December 2011, the patient was evaluated at Injury 1 by MA, LPC. He was recommended psychological testing, individual counseling and biofeedback therapy.

On March 8, 2012, Ph.D., performed assessment for individual psychotherapy treatment. She noted the following treatment history: *"On the date of intake the treating doctor wanted to recommend a work hardening program (WHP). Dr. reviewed magnetic resonance imaging (MRI) performed in January 2012 of the hand and on February 13, 2012, performed surgery. The patient was scheduled to see Dr. on February 12, 2012, to see if he was ready to do postoperative therapy. Dr. noted that the patient scored 31 on Beck Anxiety Inventory (BAI) and 33 on Beck Depression Inventory (BDI). His response of Fear Avoidance Beliefs Questionnaire (FABQ) showed significant fear avoidance of work as well as significant fear avoidance of physical activity in general. Dr. assessed that the patient was worried about his vocational future and whether he would get better with therapy. He was sleeping 5-6 hours with two to three awakenings. He was finding it hard to sleep at night due to pain and had early morning awakenings. The patient rated his level of overall functioning in life prior to the injury at 100% and his current level of functioning at 20%. He was recommended counseling by Dr. and six sessions of individual psychotherapy.*

Per utilization review dated March 13, 2012, Ph.D., noted that the patient was treated with conservative care, medications and surgery and was utilizing hydrocodone. The request for six sessions of individual psychotherapy was denied with the following rationale: *"I discussed this case with Dr.. There is no evidence that these psychological symptoms constitute a delay in the "usual time of recovery" from this acute Injury (Work Loss Data Institute, ODG 2011). The patient is experiencing acute pain from the Injury (5 months old). Guidelines state that "in patients with chronic pain psychological reactions become the major contributors to impaired functioning". However, with acute pain, "pain is still related to tissue damage" and "is not yet compounded by the motivational, affective, cognitive and behavioral overlay that is often a frustrating aspect of chronic pain" (ACOEM Guidelines, Chapter 6). This is a new injury (5 month old) with acute pain. The patient is actively involved in the continued evaluation and treatment of this new injury. The patient had surgery less than one month ago, post-surgical PT is planned, but according to Dr., the patient has not begun postsurgical PT at this time and there is no report of "lack of progress" from the current medical treatment of this injury. At this time, there is no reason to believe that the current active rehabilitation will be insufficient to restore functional status. The evaluation does not identify specific behavioral or psychological findings that suggest risk factors for delayed recovery or chronicity. There is no evidence that these reported psychological symptoms constitute a delay in the "usual time of recovery" from this acute injury, thus requiring the requested treatment. There is no evidence that this patient is "at risk" for delayed recovery. The treatment goals provided are not individualized for this patient and not objectively stated so that "objective functional improvement" can be determined as required by ODG. 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. It is recommended that the request for individual psychotherapy x 6 is not reasonable or necessary. I recommend non-approval. I contacted Dr. who stated he is authorized to discuss this case. Treatment goals, treatment history and the patient's psychological symptoms were discussed. I recommend an adverse determination."*

On March 22, 2012, Dr. stated that the patient had been seen by Dr. on March 12, 2012, and had his splint replaced with a new one. Dr. had not released the patient to do any

therapy. The patient appeared to have more difficulty than the average patient in coping with his limitation after surgery and had fears regarding his recovery/ability to return to work. The patient had not received any individual psychotherapy so he had not exhausted this option of treatment. Dr. requested a trial of individual psychotherapy.

Per reconsideration review dated March 29, 2012, the appeal for six sessions of individual psychotherapy was denied by Corey Fox, Ph.D., with the following rationale: *"I discussed this case and requested procedure with Dr. . The clinical indication and necessity of this procedure could not be established. The mental health report of March 8, 2012, finds impressions of pain disorder and major depressive disorder. 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. Appropriate treatment cannot be based on inadequate evaluation, i.e., "Mental health science is primarily categorized by diagnosis; therefore a credible diagnostic formulation is of the greatest importance for evaluation and treatment planning." [Official Disability Guidelines. (2011), Mental illness &: stress]. There is no indication that the planned physical therapy (the patient may be released to post-op PT shortly) will be inadequate to restore pre-morbid or reasonable functional status, i.e., at this time there is no evidence of "lack of progress from PT," as a required indication for psychotherapy In this type of case [Official Disability Guidelines. (2011). Pain]. Per all the above, the patient is not an "appropriately identified patient" for whom psychotherapy is both reasonable and necessary at this time [Official Disability Guidelines. (2011). Pain]. Non-approval is recommended."*

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

THE CLAIMANT SUFFERED AN INJURY OF THE HAND APPROXIMATELY SEVEN MONTHS AGO. HE HAS BEEN TREATED WITH MEDICATIONS AND SURGERY. IT IS PLANNED FOR HIM TO BEGIN POST-SURGICAL PHYSICAL THERAPY. PSYCHOLOGICAL EVALUATION NOTED SIGNIFICANT LEVELS OF DEPRESSION AND A FEAR OF RETURNING TO WORK DUE TO HIS CONCERNS ABOUT REINJURY. THE EVALUATION NOTES THAT HE IS QUITE CONCERNED THAT HE WILL NOT RECOVER. A REQUEST FOR SIX SESSIONS OF INDIVIDUAL PSYCHOTHERAPY TO TREAT HIS MAJOR DEPRESSION AND CHRONIC PAIN WAS REQUESTED. THE REQUEST WAS DENIED BECAUSE THE CLAIMANT WAS REPORTEDLY IMPROVING PHYSICALLY AND HIS PAIN WAS INTERPRETED AS ACUTE PAIN WITH FEW PSYCHOLOGICAL FACTORS INFLUENCING HIS REHABILITATION AT THAT TIME. THE DENIAL WAS APPEALED AND THE DENIAL WAS UPHELD BECAUSE THE REVIEWER FELT THAT THE TEST PROCEDURES USED TO DETERMINE THE DIAGNOSIS WAS INADEQUATE AND THUS THE DIAGNOSIS OF MAJOR DEPRESSION COULD NOT BE SUBSTANTIATED.

THE DOCUMENTATION PROVIDED SUPPORTS THE DIAGNOSIS OF A MAJOR DEPRESSION BASED ON THE PSYCHOLOGICAL EVALUATION AND SUPPORTED BY THE TESTING. DEPRESSION IS A NEGATIVE PREDICTOR OF FUNCTIONAL OUTCOMES IN CHRONIC PAIN (SEE ODG CHAPTER ON THE TREATMENT OF CHRONIC PAIN) AND SHOULD BE ADDRESSED TO INCREASE THE PROBABILITY OF A POSITIVE OUTCOME IN TREATMENT. INDIVIDUAL PSYCHOTHERAPY IS RECOMMENDED FOR THE TREATMENT OF DEPRESSION AS NOTED IN THE ODG.

ODG Psychotherapy Guidelines: 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). (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.

THE REQUEST MEETS THE ODG FOR MEDICAL NECESSITY AND THE DECISION SHOULD BE OVERTURNED.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES