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Notice of Independent Review Decision

DATE OF REVIEW: 4/19/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 90806 Individual Psychotherapy sessions times six.

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

The reviewer is a Medical Doctor who is board certified in Psychiatry. The reviewer has been practicing for greater than 10 years.

REVIEW OUTCOME

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

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of 90806 Individual Psychotherapy sessions times six.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed from 4/9/12 letter by 3/9/12 request for reconsideration, 1/26/12 behavioral eval report, 5/25/11 DWC 69 reports and findings report by DWC 32 dated 3/2/11, and 2/17/12 subsequent medical report.

RSL: 4/6/12 letter by, 4/6/12 IRO summary, DWC 1 6/13/10, PLN 11 7/8/10 to 9/24/10, 6/15/10 to 7/12/10 bonafide job offers, 6/13/10 associate statement,

6/13/10 request for medical care, office notes from 6/13/10 to 6/28/10, various DWC 73 forms, 7/1/10 to 8/5/10 reports by 7/16/10 report by 8/3/10 lumbar MRI report, 8/9/10 peer review report, ODG lumbar chapter, Carragee et al, Are first time episodes of serious LBP associate with new MRI findings, Spine Jour 6, 2006, p634-35, Boden et al, Abnormal MRIs scans of lumbar spine in asymptomatic patients, JBJS, June 2007, Carragee et al, does minor trauma cause serious low back illness, Spine, Vol 31, no. 25, pps 2942-59, Roughley, Biology of IV disc aging, Spine, Vol 29, no. 23, pps 2691-99, Battie et al, The twin spine study..., The spine jour 9, 2009; 47-59, several undated/handwritten reports by 8/30/10 DD report by 9/19/10 FCE report, 9/8/10 FCE report, 7/1/10 prescription for MMT testing, 7/1/10 to 10/14/10 MMT and ROM reports, 10/21/10 FCE report, 11/10/10 DD report by 1/28/11 PT eval, 2/11/11 to 9/8/11 handwritten office notes by EMS letters of Med Necessity 5/9/11 to 9/1/11, 6/8/11 to 2/17/12 prescriptions by 6/9/11 EMG report, 9/22/11 FCE report, 9/22/11 behavioral eval report, 10/5/11 to 2/17/12 subsequent medical reports, 1/25/12 FCE report, 2/3/12 RME report, 3/6/12 denial letter, 3/2/12 preauth request, 3/19/12 denial letter, and 3/9/12 preauth reconsideration request.

A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves an injured worker who is a female was working for xx for about 5 years, sustained a back injury on June 20, 2010 while at work. She has “persistent low back pain” and received physical therapy, pain medications and psychotherapy. recommended, on 1-26-2012, the need of a multi-disciplinary pain management of 20 sessions but recommended initial 10 sessions and re-review.

Review of medical records reflects:

- 1) reported, on 8-4-2010, of Posterior annular tear with high intensity zone @ L4/5 and L5/S1 which could cause discogenic pain at both levels.
- 2) reported, on 7-1-2010, 3/week for passive pain reductions, heat & ultrasound while will follow up with for pain management.
- 3) Medical Director of own his pain clinic, has been treating with Cymbalta, NSAIDS-Mobic, Narcotic analgesic-Hydrocodone and muscle relaxant – Flexeril.
- 4) reported, on 8-9-2010, of symptoms are “out of proportion” to her clinical findings.
- 5) reported, on 06-09-2011, of No electro-diagnostic evidence of compressive neuropathy /peripheral neuropathy.
- 6) reported, on 01-12-2012, that has received “excessive, unnecessary and unreasonable” treatment and poly-pharmacy from.
- 7) recommended, on 1-26-2012, of need of multi-disciplinary pain management of 20 sessions but recommended initial 10 sessions and re-review.

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

According to the ODG psychological treatment is 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 Multidisciplinary pain programs.

The reviewer indicates that based upon the ODG this patient is not a good candidate for the requested treatment because she had a back injury at work and has been struggling with uncontrolled Chronic Pain and resulting depression/anxiety and not Primary Depression/anxiety for work environment. She has not demonstrated a motivation to change) tapering of treatment if pain persists after 24 months is not evident in the records reviewed. The reviewer indicates that she is not a good candidate for the requested treatment. Therefore, the requested procedure is not medically necessary at this time.

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)