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Notice of Independent Review Decision

Date: July 26, 2012
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual psychotherapy 1 x 4 weeks

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
The psychologist is a licensed psychologist with health service provider designation in Texas. He is a life time member of the American Psychological Association, and is a member of the International Neuropsychological Society.

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
X Overturned (Disagree)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG used for denials

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained a work-related injury on xx/xx/xx. She was attempting to help an employee when she fell with her body doing vertical splits causing injury to the left wrist and left ankle.

On June 19, 2012, MS, CRC, LPC, evaluated the patient for a behavioral medicine consultation. The patient had been treated at the xxxxx for bruises and swelling around her left wrist, knee and calves. She was given x-rays and sent home. After a few days she received steroid injections at the xxxxx but had not improved from the treatment. A magnetic resonance imaging (MRI) had been ordered and the patient had been waiting for it. Her doctor, M.D., had asked to assess the suitability for some level of behavioral healthcare or return to work (RTW) program. She had been utilizing Flexeril and tramadol. She reported her average pain level was 9/10 since the work injury. She described having burning, stabbing, aching, pins and needles and numbness pain in her neck, back, left shoulder, arm, hip, knee and ankle. She had been released to work with multiple restrictions and 10-pound lifting restriction per her DWC-73. Per the report, the patient had been terminated. She reported having a history of diabetes and high blood pressure that was no longer a problem after her lap band surgery in 2009. She had been diagnosed with hypothyroidism in 2006, right knee surgery and septoplasty. Examination of her mental status revealed that her mood was dysphoric and her affect was broad (normal). She did not display cognitive distortions. The patient revealed her irritability and restlessness at 9/10, frustration and anger at 9/10, muscle tension/spasm at 9/10, nervousness and worry at 10/10, sadness and depression at 9/10, sleep disturbance at 10/10 and forgetfulness at 10/10. She scored 56 on the Beck Anxiety Inventory (BAI), reflecting severe anxiety and 51 on the Beck

Depression Inventory II (BDI II), indicating severe depression. Responses on the Fear Avoidance Beliefs Questionnaire (FABQ) showed significant fear avoidance of work as well as significant fear avoidance of physical activity in general. Mr. diagnosed pain disorder associated with both psychological factors and a general acute medical condition and severe single episode of major depressive disorder. He opined that the work accident pain and ensuing functional limitations had caused the patient's disruption in lifestyle, leading to poor coping and maladjustment and disturbances in sleep and mood. Mr. recommended a psychotropic medication consultation. The patient should receive immediate authorization for participation in a low level of individual psychotherapy for a minimum of four weeks.

Per the utilization review dated June 28, 2012, the request for four individual sessions of psychotherapy was denied based on the following rationale: "*There are multiple issues with the request. The claimant has a diagnosis of sprain and strain. She has not completed conservative care including physical therapy and an MRI. Furthermore, the provided documentation under the paragraph "Lifestyle Changes Related to the Injury" provides direct support that her emotional distress is related to her change in lifestyle and not to an independent co-morbid condition as claimed during the peer to peer review. Finally her Beck Depression Inventory score was 51 and her Beck Anxiety score was 56, which are exceedingly elevated. There is no indication the claimant has undergone any psychometric testing with validity measures, or to address symptom magnification in the submitted medical records provided for my review. Therefore, the request for 4 Psychotherapy Sessions is not medically certified."* The patient was recommended to first complete the conservative care to manage her pain.

A reconsideration appeal was made for the requested service of individual psychotherapy 1 x 4 weeks. The response was as follows: "*Since her ICD diagnosis is 842.00 & 845.00, she is at risk for delayed recovery after 39 days. Additionally, she has a co-diagnosis of MDD, severe, using the ODG Mental Illness Chapter and it does not required the patient to have completed a course of PT before be eligible to some CBT for depression."*

Per an appeal for reconsideration dated July 10, 2012, the appeal was denied based on the following rationale: *"The claimant recently sustained injuries secondary to doing splits. The claimant's Beck scales and Fear Avoidance scores are exceedingly elevated suggesting overstatement of symptoms; however, there is no indication that the claimant has undergone psychometric testing with validity measures to assess the validity of her subjective reports. The claimant has been diagnosed with major depressive disorder; however, there is no indication the claimant is currently taking antidepressant medication. Therefore, the request for an APPEAL for Individual Psychotherapy 1 x 4-Neck, Left Shoulder, Wrist, Lumbar, Knee and Ankle is not medically necessary."*

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

The claimant had an extensive psychological evaluation including screening instruments that determined that her symptoms are consistent with a chronic pain disorder and major depressive disorder. Although there are indicators of over

reporting of her emotional distress (symptom exaggeration) there are no behavioral indicators of malingering. Additional psychometric testing might be useful but not medically necessary in establishing the treatment plan. The request for 4 sessions of individual psychotherapy to treat these conditions is consistent with the ODG. From the ODG psychotherapy guidelines:

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 behaviour 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).

The request meets the ODG for medical necessity.

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

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**