**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**
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Notice of Independent Review Decision

**DATE OF REVIEW:** February 9, 2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Individual Psychotherapy six (6) sessions (over eight (8) weeks). CPT Code: 90806.

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

General and Forensic Psychiatrist
Board Certified by the American Board of Psychiatry and Neurology

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- Behavioral Health Associates, Inc., 01/12/11, 11/23/11,
- Bone & Joint Clinic, 08/22/11, 09/06/11, 09/26/11, 10/21/11, 11/17/11, 12/02/11,

- M.D. P.A., 08/31/11,
- 12/27/11,
- Orthopedic and Occupational Rehabilitation, 12/29/11
- Behavioral Health Associates, 12/30/11, 01/13/12, 01/18/12,
- 01/05/12, 01/24/12

Medical records from the Provider include:

- Orthopedic and Occupational Rehabilitation, 12/29/11
- Behavioral Health Associates, Inc., 01/12/11, 01/13/12

**PATIENT CLINICAL HISTORY:**

I am going to uphold the carrier's decision.

The patient injured her lower back on xx/xx/xx. She went through lower levels of care and was referred for evaluation of a chronic pain management program.

The patient underwent a screening for this on November 23, 2011, which included a psychological history, functional capacity examination, and psychological testing which demonstrated high fear avoidance, extreme pain, and disability perception. On emotional measures, such as Beck Depression Inventory and Beck Anxiety Inventory, the patient was in the mild-to-moderate levels. The treatment recommendation was for six sessions of individual psychotherapy with treatment goals of producing the Beck Depression Inventory, decreasing the Fear Avoidance Beliefs Questionnaire Physical subscale and a Work subscale, developing an appropriate vocational plan and increase the ability of the patient to return to employment, and reduce weight and/or body fat. This request was not authorized; it was appealed, and subsequently, not authorized again.

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

This is an old injury of chronic low back pain. The ODG supports the use of cognitive behavioral therapy in the context of physical therapy. Please see the behavioral intervention section in the ODG. However, it recommends following the mental/stress chapter if there are cases with severe psychiatric comorbidities. The evaluation does not suggest the patient is having a severe psychiatric comorbidity. The diagnosis was an adjustment disorder and a chronic pain condition. The focus of the treatment is primarily on vocational and chronic pain issues. The one aspect of the treatment is to reduce the Beck Depression Inventory, although this was only at the mild-to-moderate level. Additionally, the treatment plan suggests that the individual psychotherapy is being performed to see if the patient is appropriate for a chronic pain management program. However, there is no indication of why this needs to be accomplished. Based on

this submitted material this is not required for admission into a chronic pain management program. The ACOEM argues against using unimodal treatments in chronic pain patients. The ODG suggests that as well in their recommendation that it be combined with a physical therapy program. There is no indication of any impediments that need to be assessed through individual therapy to ascertain whether the patient is an appropriate candidate for the chronic pain management program, and also, the referral was for a chronic pain management program.

The references are ACOEM and ODG Guidelines.

**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)**