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Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: 6/19/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of 4 sessions of individual psychotherapy.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Psychologist who is board certified in Psychology. 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 disagrees with the previous adverse determination regarding the prospective medical necessity of 4 sessions of individual psychotherapy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties: Injury 1, patient, and.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: 5/7/12 preauth request, patient face sheet,

3/29/12 initial behavioral consult report, 5/22/12 preauth request, 5/22/12 preauth reconsideration report, 5/10/12 denial letter, and 5/29/12 denial letter.

Patient: email dated 6/17/12.

Injury 1: all records are duplicative of those listed above.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was reportedly injured on xx/xx/xx when he was involved in a motor vehicle accident at work. He reportedly sustained injuries to his head, neck and low back. He reports a 30 second period of loss of consciousness after the accident. He sought treatment for pain the following day. To date, he has been treated with medications, PT, X-rays, MRI, injections and surgery. The patient has continued to work after the work injury.

Dr. requested a behavioral medicine consultation to assess the patient's suitability for behavioral medicine treatment or a return to work program. The initial behavioral medicine consultation was conducted on March 29, 2012 by MA, LPC. At the time of the evaluation, the patient's average pain level was 2/10. The patient did not endorse a significant medical history or history of any mental disorders or emotional issues prior to the work injury. He also endorsed lifestyle changes since the work injury that included difficulty performing household work and yard work, exercising, driving longer than one hour, sitting longer than 15 minutes, walking for more than 15 minutes, bending, squatting, climbing stairs, lifting/carrying objects, lifting objects weighing more than 10 lbs. and sexual activity. He reports sleeping approximately 5 fragmented hours per nights since the injury. His previous sleep patterns included sleeping 8 restful hours of sleep per night prior to the work injury.

Psychological screenings indicated severe levels of depression and moderate levels of anxiety via the Beck Inventories. Scores on the Fear Avoidance Beliefs Questionnaire indicated clinically significant fears and avoidance beliefs regarding physical activity but not for work. As a result of the interview and testing, the patient was diagnosed with a Pain Disorder Associated with Both Psychological Factors and a General Medical Condition chronic and Major Depressive Disorder, Single Episode, Severe without Psychotic Features. The treatment plan included using cognitive-behavioral techniques to improve sleep, and reduce psychological distress.

A request for four sessions of individual psychotherapy was submitted and subsequently denied by Dr. after a peer-to-peer conversation with Dr. on May 10, 2012. A reconsideration request submitted on May 22, 2012 was denied by Dr. after a peer to peer conversation with Dr.

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

The patient completed a Behavioral Medicine Consultation on March 29, 2012 and was diagnosed with a Pain Disorder Associated with Both Psychological Factors and a General Medical Condition and a Major Depressive Disorder, Single Episode, Severe without Psychotic Features. The request for four sessions of cognitive-behavioral individual psychotherapy meets all recommendations of the ODG. Specifically, the current Pain Chapter of the Official Disability Guidelines (ODG) updated 5/23/2012, subheading Psychological Treatment, states that "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." Furthermore, the Behavioral Interventions subchapter of the ODG recommends an "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 for four sessions of individual psychotherapy falls within the ODG recommendations for treatment. Therefore, the requested treatment is found to be 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)**