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Notice of Independent Review Decision

**Date notice sent to all parties:** 07/05/12

**IRO CASE #:**

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

Six sessions of individual behavioral therapy

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

Board Certified in Anesthesiology

Fellowship Trained in Pain Management

**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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Six sessions of individual behavioral therapy - Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Report from M.D. dated 02/09/96

Report from M.D. dated 05/09/96

Reports from M.D. dated 01/31/97, 03/06/97, and 04/01/97

Operative reports dated 02/20/97

Report from M.D. dated 03/25/99 and 04/15/99

Progress reports from dated 11/02/99, 11/09/99, and 01/07/00

FCE dated 12/06/99

Reports from M.D. dated 03/07/00, 03/23/00, 04/06/00, 04/13/00, 04/19/00, 05/05/00, 06/28/00, 08/08/00, 11/07/00, 02/07/01, 05/07/01, 07/31/01, 11/27/01, 03/27/03, 05/29/03, 07/15/03, and 01/12/04

DWC-69 forms dated 01/14/03, 04/07/03, 12/17/03, 02/16/04, 05/14/07, 06/13/07, and 02/02/09

X-rays and a right knee MRI dated 05/29/03 and 07/02/03

Reports from M.D. dated 09/10/03, 12/17/03, 02/16/04, 04/07/04, 06/09/04, 05/14/07, 06/13/07, 02/02/09, and 02/13/12

Hospital records dated 11/17/03, 11/18/03, 11/19/03, 11/20/03, and 11/21/03

Report from, and M.D. dated 11/18/03, 04/20/07, and 05/04/07

Operative report dated 11/18/03 from Dr.

Pathology report dated 11/18/03

Laboratory studies collected on 11/19/03

Discharge summary dated 11/21/03 from M.D.

Interdisciplinary assessment dated 11/21/03

Rehabilitation notes dated 11/24/03, 11/25/03, 11/26/03, 12/01/03, and 12/03/03

Consultation with M.D. dated 11/25/03

Psychological Evaluation dated 06/14/04 with Ph.D.

Operative reports dated 04/10/97 and 04/19/07

Laboratory studies dated 04/20/07, 04/21/07, 04/22/07, and 04/25/07

Hospital consultations dated 04/20/07 and 04/21/07

Report from M.D. dated 04/28/07

Rehab care notes dated 04/30/07, 05/01/07, 05/02/07, and 05/03/07

Physical therapy notes dated 05/24/07, 06/11/07, 06/28/07, 07/06/07, 07/09/07, 09/11/07, and 07/18/07

FCE with P.T. dated 01/24/12

Reports from M.D. dated 04/23/12, 05/09/12, and 06/04/12

X-rays dated 04/23/12

X-rays dated 04/23/12 and interpreted by M.D.

Behavioral Evaluation with, Psy.D. dated 05/08/12

Utilization Review determinations from Unimed dated 05/14/12 and 06/05/12

Report from Ms. dated 06/05/12

The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

#### **PATIENT CLINICAL HISTORY:**

This patient allegedly was injured in xxxx when she slipped in rainwater, causing one foot to slip out from under her. She then apparently underwent bilateral total knee replacement some 10 years later on the right side and 12 years later on the left side, but continued to have the same bilateral knee complaints as she did preoperatively. It should be noted that the patient is currently xx years old with a height of five feet two inches and a weight of 256 pounds. The orthopedic surgeon previously treating her, Dr., stated that she had fibroarthrosis of both knee joints and recommended that the patient consider replacing the knee joints again. On 04/23/12, the patient was seen by Dr., a pain management physician, who reviewed her history and indicated that the patient did not wish to undergo further knee surgery. He stated she was controlling her pain using Ultram four times a day at most. Dr. noted the patient's height and weight, stating she was "moderately obese." He noted that her psychological examination demonstrated "no depression, anxiety, or agitation." He ordered x-rays of the knees and agreed

to take over her prescription of Tramadol no more than four times daily. He also started her on Omeprazole 20 mg daily and Citalopram 20 mg in the morning. The x-rays of both knees on 04/23/12 indicated that the total knee replacements were adequately aligned with no evidence of loosening of the hardware, no significant effusion, and no soft tissue swelling or radiopaque foreign bodies. On 05/08/12, the patient was seen by Psy.D, for a psychological evaluation at Dr. request. The psychologist noted that the patient had completed a full chronic pain management session in 2005. Psychological tests were administered to the patient, demonstrating nothing more than minimal evidence of anxiety and mild evidence of depression. The psychologist then recommended that the patient attend six sessions of individual psychotherapy.

On 05/09/12, Dr. followed-up with the patient, noting her pain level of 5/10 and no change in her clinical status or complaint. He again merely refilled the patient's medication and recommended attendance for individual psychotherapy. The initial utilization review of the request for six sessions of individual psychotherapy was done on 05/14/12 and it recommended non-authorization of the request, citing ODG treatment guidelines. On 06/04/12, the patient returned to Dr. with no change in pain complaint or pain level. Dr. noted the denial of the individual psychotherapy requests and told the patient that he would not see her to simply provide medications. He recommended appealing the denial for individual psychotherapy. On 06/05/12, the psychologist also saw the patient, confirming the patient's having completed a full chronic pain management program in "2004 or 2005." She stated the patient had "forgotten" what she had learned in the chronic pain management program because the patient subsequently had to take care of her elderly mother and then was in the process of moving from one home to another in Texas. The psychologist stated that "individual psychotherapy will increase positive pain coping strategies" and that the patient "needs ongoing therapy to enhance and refresh positive pain coping strategies." A second physician advisor review was performed on 06/05/12, including a discussion between the advisor and the psychologist, Joni Adams. After that discussion, the recommendation for non-authorization was upheld, again citing the ODG.

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

This patient simply does not meet the ODG criteria for attending six sessions of individual psychotherapy. First and foremost, the patient has completed a full chronic pain management program. The ODG do not recommend re-enrollment or repetition of the same or similar rehabilitation type programs after completion of a chronic pain management program. Since this patient has completed a full chronic pain management program, individual psychotherapy is clearly excessive repetition of a far more intensive program that has already been attended. Whether the patient had to take care of an ill parent or move household goods could in no way be directly responsible for the patient allegedly not remembering what she was taught in a chronic pain management program. Additionally, the ODG states that additional psychological treatments should only be provided "with evidence of objective functional improvement" from previous psychological

treatments. Based upon the lack of significant results obtained by this patient following a tertiary level of psychological treatment through a chronic pain management program, there is clearly no medical reason or necessity to provide additional psychological treatments as there is clearly no significant evidence of significant functional improvement despite the psychological treatment previously provided. Therefore, the requested six sessions of individual behavioral therapy are neither medically reasonable nor necessary nor supported by the ODG treatment guidelines. The previous recommendations for non-authorization of this request are, therefore, upheld 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)