



# MedHealth Review, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 6/5/12

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of individual psychotherapy x6 over 8 weeks (90806).

**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 disagrees with the previous adverse determination regarding the prospective medical necessity of individual psychotherapy x6 over 8 weeks (90806).

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties: and.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: 4/30/12 denial letter, 4/6/12 denial letter, initial diagnostic screening 3/30/12, 3/1/12 treatment request, 2/27/12 notes from and Joint Clinic, 10/28/11 lumbar MRI report, 2/22/12 reports by Orthopaedic Group, 2/22/12 neurodiagnostic report, and 10/5/11 PT notes from Rehab.

Nueva Vida: all records were duplicative.

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

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured worker is a female who works in a. She sustained a back injury on xx/xx/xx while at work – walking inside the blood bank bus as it was running and hit a speed bump. Since then she has “persistent low back pain” and was treated with Paxil and Trazadone for her associated depression, anxiety and disturbed sleep.

On 03/30/2012, MS, LPC noted her Beck Depression Inventory score was 32 (severe depression) and Beck Anxiety Inventory score was 30 (severe anxiety). A review of medical records reflects:

MS, LPC. Noted Depression NOS, R/O MDD with a GAF 51-60 and recommended at least 6 sessions of Psychotherapy over 6-8 weeks. MD (Family Medicine) suggested, on 4-6-2012, No need of additional Psychotherapy. MD (Orthopedics) advised, on 04-30-2012, of no additional treatment. MD noted, on 02-27-12, of Morbid obesity, L. Radiculopathy, Disc bulge @ L 1-2, L 3-4 and L 4-5 ( per MRI ).

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

Based on above history and below guidelines, the reviewer is in agreement with recommendations of MS, LPC for initial 6 sessions of Psychotherapy over 6 -8 weeks to augment Anti-depressants. Therefore, the requested services are found to be medically necessary.

RATIONALE per ODG Criteria:

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)

Extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made.

Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders,

according to a meta-analysis of 23 trials. Although short-term psychotherapy is effective for most individuals experiencing acute distress, short-term treatments are insufficient for many patients with multiple or chronic mental disorders or personality disorders.

**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)**