

SENT VIA EMAIL OR FAX ON  
Jun/11/2012

## **P-IRO Inc.**

An Independent Review Organization  
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### **NOTICE OF INDEPENDENT REVIEW DECISION**

**DATE OF REVIEW:**  
Jun/06/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Individual Psychotherapy 1 X 4 weeks

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

**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**

ODG - Official Disability Guidelines & Treatment Guidelines  
Cover sheet and working documents  
Patient face sheet  
Report of medical evaluation dated 04/10/12  
Report of maximum medical improvement dated 04/10/12  
Interdisciplinary work hardening program reassessment / discharge summary and request for additional services dated 04/17/12  
Report of medical evaluation dated 04/27/12  
Behavioral health treatment preauthorization request dated 05/03/12  
Utilization review determination dated 05/08/12  
Reconsideration behavioral health treatment preauthorization request dated 05/11/12  
Utilization review determination dated 05/17/12

**PATIENT CLINICAL HISTORY [SUMMARY]**

The claimant is a male whose date of injury is xx/xx/xx. Records indicate he was manually pulling a trailer while lifting and pulling and walking backwards and injured his low back. Treatment to date is noted to include medications, physical therapy, and steroid injection. The claimant also has participated in work hardening program and making good progress. Designated doctor evaluation was performed on 04/27/12 at which time the claimant was determined to have reached maximum medical improvement. Based on neuromuscular examination, the claimant showed no objective sensory deficit and no objective motor deficit of lumbar spine or lower extremities. He was opined to have reached MMI as of 03/15/12 with whole person impairment of 5%.

A request for authorization of individual psychotherapy 1 x 4 weeks was reviewed on 05/08/12 and determined the request does not meet medical necessity guidelines. The case and requested procedure was discussed with Dr.. It was noted the clinical indication and necessity of procedure could not be established. Mental health evaluation on 04/17/12 finds impression of pain disorder; however, utilized psychometric instruments are inadequate / inappropriate to elucidate the pain problem; explicate psychological dysfunction, or inform differential diagnosis indication. There is no substantive behavioral analysis to provide relevant clinical / diagnostic information.

A reconsideration request for individual psychotherapy 1 x 4 weeks was reviewed on 05/17/12 and determined the request does not meet medical necessity guidelines. It is noted the claimant had history of low back complaints. Treatment has included conservative treatment and epidural steroid injection and work hardening x 10 as of 04/16. This was terminated reportedly because of "pain level" and projection that he would not reach appropriate physical demand level with continued treatment. History was also positive for diabetes, unmedicated. Current medications are Paxil, Vicodin, Amitriptyline and Tramadol. The reviewer discussed the case with Dr. and the necessity of the request could not be established. It was determined that the request was not consistent with Official Disability Guidelines and ACOEM guidelines concerning the use of individual psychotherapy with this type of patient who is reporting chronic pain. Official Disability Guidelines (for chronic pain) states "consider separate psychotherapy CBT referral after four weeks if lack of progress from physical therapy alone." At the present time there are no current physical therapy sessions. The claimant has attended a work hardening program with no functional improvements reported, and non-compliance with treatment has also been reported. The claimant continues to report pain. He continues to use opioid medications and has not returned to work. This presents a poor prognosis for the requested treatment. The current evaluation does not assess the claimant's inability to benefit from the work hardening program and does not assess the claimant's reported non-compliance with treatment. It was further noted that ACOEM guidelines state there is no quality evidence to support the individual/unimodal provision of CBT for treatment of patients with chronic pain syndrome. Cognitive therapy for depression or anxiety is only appropriate when it is the primary focus of treatment, which is not the case with this claimant who is reporting chronic pain. These issues indicate that the request is not consistent with the requirement that psychological treatments only be provided for an appropriately identified patient.

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

Based on the clinical data provided, the request for individual psychotherapy once a week for four weeks is not supported as medically necessary. The claimant sustained an injury to the low back on xx/xx/xx. He was treated with medications, physical therapy, epidural steroid injections without significant improvement. There is conflicting information concerning work hardening program. It appears the claimant participated in work hardening program times 10 visits. Evaluation on 04/10/12 indicated that the claimant was making good progress in response to work hardening program, but records also indicate that the claimant did not show substantial improvement in response to the work hardening program and also was non-compliant with treatment. Records also indicate that the claimant was determined to have reached maximum medical improvement as of 03/15/12 with whole person impairment of 5%.

The work hardening program included a psychological/behavioral component. The records do not adequately document the basis for termination of work hardening program and recommendation for individual psychotherapy. As such the previous denials were correctly determined and are upheld on IRO.

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

ACOEM-AMERICA 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)