

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jun/07/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** 90806 Individual Psychotherapy  
x6 Sessions Over 8 Weeks

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

M.D., Board Certified Psychiatry

**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**

Official Disability Guidelines  
Utilization review determination dated 04/17/12  
Utilization review determination 05/14/12  
Response to denial letter 04/27/12  
Initial diagnostic screening with mental health testing 02/06/12  
Office notes M.D. 09/07/10-05/08/12  
Office notes M.D. 01/11/11 and 09/07/10  
Orthopedic evaluation and follow-up notes M.D. 06/23/11-08/18/10  
X-rays lumbar spine with flexion / extension views 08/15/11  
Independent review organization summary 05/24/12  
Employer's first report of injury or illness, associate statement, request for medical care, and bonafide job offers-temporary alternative duty, undated  
Radiographic report lumbar spine  
Urgent Care notes 06/21/10  
Chiropractic notes D.C. 06/28/10-04/25/12  
Initial consultation and follow-up M.D. 07/01/10-10/13/11  
Office procedure notes bilateral L4-5 transforaminal epidural steroid injection 11/10/10  
Initial diagnostic screen 07/22/10  
MRI lumbar spine 07/28/10 and 01/11/12  
Lumbar spine x-rays 07/28/10 and 07/21/11  
Independent review of lumbar MRI exams M.D. 02/21/12  
Maximum Medical Improvement determination and impairment evaluations D.C. 08/05/10, 11/11/10, 04/21/11, 10/13/11, and 02/09/12  
Individual psychotherapy treatment progress notes, case management notes MS/LPC 08/12/10-01/19/12

Peer review analysis M.D. 09/15/10  
Electrodiagnostic interpretation M.D. 12/06/10  
Electrodiagnostic results 11/19/10  
Office notes M.D. 09/22/11 and 11/17/11  
Neurology consult/electrodiagnostic testing MD 03/12/12 and 03/15/12  
Utilization review determination 11/02/11

#### **PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male whose date of injury is xx/xx/xx. The records indicate he was injured when he slipped and fell landing on his back and buttocks. He complains of low back pain and pain radiating to the lower extremities. Treatment to date has included physical therapy, individual psychotherapy, medications, and epidural steroid injection.

The claimant was recommended to undergo surgical intervention of the lumbar spine, but the records indicate that the proposed lumbar endoscopic discectomy at L4-5 was not certified as medically necessary. A diagnostic interview with mental health testing performed 02/06/12 indicated that the claimant previously received six sessions of individual psychotherapy in 2010, and six sessions in 03/11. The claimant's Beck depression inventory score was 39, and Beck anxiety inventory 29. Sleep questionnaire score was 56. It was noted that the claimant is experiencing elevated levels of avoidance and fear related to work related injury and impact of pain on current level of physical functioning. MMPI2 noted that the claimant presents himself in a positive light attempting to show that he has few psychological problems. The claimant also was administered Milan behavioral medicine diagnostic and it was noted that his responses suggest either a need for social approval or naiveté about psychological matters. The claimant was recommended to undergo additional individual psychotherapy with six sessions over eight weeks.

A utilization review determination dated 04/17/12 recommended adverse determination. Dr. reviewed the case and had successful peer-to-peer discussion with. It was noted that the claimant was injured on xx/xx/xx. He has had diagnostics, physical therapy, psychological evaluations, psychotherapy in 2010 and 2011, surgery and medications. He is taking hydrocodone and ibuprofen and rates his pain as 6-7/10. He has depression score of 29 (sic) and anxiety score of 29 with fear avoidance issues. The MMPI2 and MBMD had issues with validity as he reportedly attempted to present himself in a favorable light. He was receiving psychiatric medications through the VA but apparently is no longer receiving those as they were for post-traumatic stress disorder, which is not related to this injury. Ms. reported that they are making referral at this point for a psychiatric medication consult for his current symptoms. She reported that surgery has not been approved but believes they will request it again. It was clearly stated in the report that further psychotherapy in 2011 was not requested as he had made little progress in individual therapy in the past. Ms. reported that the psychotherapy was addressing at that time surgery preparedness but it is unclear how this current request would be different if they are still planning to appeal the surgery denial or how he would make progress in psychotherapy after he has already attempted it two times in the past. The validity issues on MMPI2 and MBMD also are of concern. Dr. noted that there is insufficient evidence that the claimant would benefit from psychotherapy as he has not benefitted with two prior attempts in two different years in the past and therefore the request cannot be established as reasonable and necessary per evidence based guidelines.

An appeal/reconsideration request for individual psychotherapy times six sessions over eight weeks was reviewed on 05/14/12 by Dr., and again adverse determination was recommended. Dr. noted that the claimant has a low back injury from xx/xx. He has a history of post-traumatic stress disorder treated at the VA hospital (unrelated). He has had two previous courses of psychotherapy to prepare him for surgery, which was never completed. Now comes a request for a third attempt at psychotherapy to prepare for surgery, which is apparently an appeal. It is unclear, given the lack of progress with previous treatments how repeating this treatment will be anticipated to affect outcome. Medical necessity is not established.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS**

**AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The claimant sustained an injury to the low back on xx/xx/xx. In relation to this injury he has undergone two previous courses of individual psychotherapy for a total of 12 sessions. The claimant did not demonstrate significant improvement in response to previous treatment, and repeating ineffective therapy is not indicated as medically necessary. The Official Disability Guidelines support ongoing individual psychotherapy with evidence of objective functional improvement. There is no evidence that this guideline has been fulfilled. The reviewer finds no medical necessity for 90806 Individual Psychotherapy x6 Sessions Over 8 Weeks.

**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)