



Notice of Independent Review Decision

DATE OF REVIEW: 05/31/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual Psychotherapy 1 x 6

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

Licensed Psychologist

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 or not medical necessity exists for each of the health care services in dispute.

Individual Psychotherapy 1 x 6 – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Follow Up, M.D., 03/08/12

- Health and behavioral Reassessment, Injury 1 03/27/12
- Pre-Authorization Request, Injury 1 04/10/12
- Denial Letter, 04/13/12, 04/30/12
- Reconsideration Pre-Authorization Request, Injury 1 04/24/12
- The ODG Guidelines /were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient is a female whose date of injury is xx/xx/xx. Health and behavioral reassessment dated 03/27/12 indicates that on the date of injury the patient was walking down the hall when she slipped and fell, landing on the right side of her body. Treatment to date includes MRI of the lumbar spine on 11/29/10, EMG/NCV on 12/09/10, lumbar epidural steroid injection x 4 on 04/14/11, 06/23/11, 08/18/11 and 10/13/11 and 6 sessions of individual psychotherapy in mid-2011 with benefit. The patient then participated in 10 sessions of chronic pain management program from October-November 2011 with excellent progress and benefit. Current medications are listed as Amlodipine besy-benazepril hcl, Mobic, Hydrocodone-Acetaminophen, Gabapentin, Trazodone, Clonazepam, Hydrochlorothiazide, Triamterene-hctz, Flexeril, Sertraline hcl and Atenolol. The patient has reportedly regressed since chronic pain management program. Current FABQ-W is 28 and FABQ-PA is 16. BDI is 27 and BAI is 25. Subjective pain is rated as 4-9/10, irritability 7, frustrastion 7, muscle tension 5, anxiety 7, depression 8, and sleep problems 8. Diagnoses are pain disorder associated witeh both psychological factors and a medical condition, chronic; and major depressive disorder, single episode, severe without psychotic features.

Initial request for individual psychotherapy 1 x 6 was non-certified on 04/13/12 noting that there is considerable verbal and nonverbal pain behavior, including more recent use of a cane; and other/invasive procededures are apparently being sought. The utilized psychometric instruments are inadequate/inappropriate to elucidate the pain problem, explicate psychological dysfunction or inform differential diagnosis in this case, and there is no substantive behavior analysis to provide relevant clinical/diagnostic information. Reconsideration dated 04/24/12 notes that the chronic pain program was not a failure. The patient reached her PDL and was looking for work, but was unsuccessful. The denial was upheld on appeal dated 04/30/12 noting that documentation indicates noncompliance with treatment recommendations. This noncompliance with treatment recommendations was not addressed or further evaluated in the current evaluation. Also, the current evaluation does not adequately assess the factors that may have contributed to the patient's inability to benefit from previous intensive psychological intervention including a multidisciplinary chronic pain management program and several previous sessions of individual psychotherapy. The patient continues to take opioid medications and is not currently working. Thus, no functional improvements are reported as a result of the CPMP. ODG states that additional psychological treatments should only be provided 'with evidence of objective functional improvement' from previous psychological treatments. After a chronic pain management program, the patient is not working and continues to take opioid pain medications. This presents a poor prognosis

for the requested treatment. A chronic pain management program is usually considered the 'end point' of treatment.

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

Based on the clinical information provided, the request for individual psychotherapy 1 x 6 is not recommended as medically necessary, and the two previous denials are upheld. The patient has undergone a previous course of individual psychotherapy as well as chronic pain management program; however, the patient has not returned to work and continues to take opioid pain medications. This presents a poor prognosis for the requested treatment. A chronic pain management program is generally considered the 'end point' of treatment.

References:

Official Disability Guidelines, Return To Work Guidelines (2012 *Official Disability Guidelines*, 17th edition) Integrated with Treatment Guidelines (*ODG Treatment in Workers' Comp*, 10th edition) Accessed Online

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

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**