

SENT VIA EMAIL OR FAX ON  
May/25/2012

# Independent Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

May/23/2012

**IRO CASE #:**

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

Individual Psychotherapy 1 X 6 weeks (6 sessions)

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

Board Certified 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

Cover sheet and working documents

Utilization review determination dated 04/25/12, 05/04/12

Initial interview dated 04/11/12

Request for reconsideration dated 05/01/12

Request for medical dispute resolution dated 05/14/12

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was on a hanger when his feet slipped from under him and he fell onto his back. Initial interview dated 04/11/12 indicates that treatment to date includes x-rays, MRIs, physical therapy, pain injections, TENS unit and medication management. The patient reports symptoms including appetite increase/decrease, sadness/down, insomnia/increased sleep, energy decrease, frustration, irritability, crying episodes, and fear of re-injury. Current medication is Lortab.

BDI is 19 and BAI is 32. FABQ-W is 39/42 and FABQ-PA is 24/24. Diagnosis is pain disorder with both psychological factors and a general medical condition. The patient was recommended for a course of individual psychotherapy to address high levels of stress and depressive symptoms to help the patient increase management of his chronic pain.

Initial request for individual psychotherapy 1 x 6 weeks was non-certified on 04/25/12 noting that the patient's presentation is consistent with a chronic pain syndrome and a pain disorder is diagnosed. ACOEM guidelines state "there is no quality evidence to support the independent/unimodal provision of cognitive behavioral therapy for treatment of patients with chronic pain syndrome". "There is no known effective psychotherapeutic treatment for such disorders (somatoform, mood or anxiety disorders), per se, when the etiology of symptoms involves a chronic benign 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 patient who is reporting chronic pain. This request also is not consistent with ODG and ACOEM guidelines concerning the use of individual psychotherapy with this type of patient who is reporting chronic pain. ODG states "consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone". A recent request for additional PT was denied and the documentation stated that the patient "has made good progress and improvement with post-op PT". The denial was upheld on appeal dated 05/04/12 noting that although a rebuttal was submitted, this letter simply cites a section from ODG and the Texas Work Comp law and does not address the rationale cited for the initial denial and no new clinical information has been submitted for review.

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

Based on the clinical information provided, the request for individual psychotherapy 1 x 6 weeks (6 sessions) is not recommended as medically necessary, and the two previous denials are upheld. The initial request and appeal request were non-certified noting that the patient's presentation is consistent with a chronic pain syndrome and a pain disorder is diagnosed. ACOEM guidelines state "there is no quality evidence to support the independent/unimodal provision of cognitive behavioral therapy for treatment of patients with chronic pain syndrome". "There is no known effective psychotherapeutic treatment for such disorders (somatoform, mood or anxiety disorders), per se, when the etiology of symptoms involves a chronic benign 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 patient who is reporting chronic pain. This request also is not consistent with ODG and ACOEM guidelines concerning the use of individual psychotherapy with this type of patient who is reporting chronic pain. ODG states "consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone". A recent request for additional PT was denied and the documentation stated that the patient "has made good progress and improvement with post-op PT". No additional clinical information was submitted for review and the rebuttal letter does not address the issues raised by the denials. Given the current clinical data, the requested individual psychotherapy is not indicated as medically necessary.

#### **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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES