

AccuReview

An Independent Review Organization
569 TM West Parkway
West, TX 76691
Phone (254) 640-1738
Fax (888) 492-8305

Notice of Independent Review Decision

DATE OF REVIEW: June 1, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy 6 sessions 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 Board Certified Psychologist with over 24 years of experience.

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female that was injured on the job on xx/xx/xx while xxxxx became unable to grip anything because she was experiencing a cramp. She continued to work and xxxxx. The claimant re-injured her hand on XX/XX/XX when trying to xxxxx. The claimant has been treated with conservative care, medications, injections and recent surgery; and continued to work with modified work duties to include a brace on the right wrist. A premorbid hand injury which

resulted in a fracture required surgical intervention is also noted. The claimant suffers from mild depressive symptoms and mild symptoms of anxiety. Diagnostic impressions are Adjustment Disorder and Occupational Problems.

09-28-11: WC Employee/Employer/Injury Information Sheet from OCCMED written by claimant. Per Claimant on xxxx around xxxx while xxxx, after xxxx, the claimant's hand cramped and she was unable to move her fingers. After waiting and massaging her hand to focus again, she was not able to bend thumb without pain radiating to the center of her palm. Later the claimant described difficulty holding a pen or lifting bundles of mail with the right hand.

10-21-11: Electrodiagnosis of Upper Extremities performed by, MD. Noted the claimant has right one digit dysesthesia described as tingling and numbness in nature that began insidiously at work. There is associated weakness to the right hand. Prior medical history is positive for right distal radial CTR and right ulnar nerve surgery and right distal radial fracture with internal fixation that occurred in 2007 without complications. Electrodiagnostic Impression: 1. There is evidence of right radial sensory neuropathy at an electrodiagnostically indeterminate site, based on the absent right radial sensory nerve action potential. Although isolated neuropathies of the cutaneous branch of the radial nerve are exceptionally rare; differentials should be considered to include focal compression at the spiral groove (Saturday night palsy), axilla (crutch palsy), and at the wrist, Tinel's sign over the course of the radial nerve from the axilla to the wrist, is recommended. Pathology of the nerve may arise from certain preceding factors, to include: diabetes, malnutrition, alcohol, or sedative use, fracture, excessive muscle contraction, lead poisoning, porphyria, periarteritis nodules and hereditary susceptibility to pressure palsies. There is no definite evidence of associated motor fiber loss. 2. There is no evidence of left or right cervical radiculopathies, brachial plexopathies, focal median or ulnar neuropathies in their elbow or wrist segments, upper limbs polyneuropathies or myopathies. Clinical Impression: Today's EDX findings correlate well with patient symptomatology. Consider a limited follow up EMG/NCV study in 5-6 months if symptoms are progressive or not resolved, and/or otherwise clinically indicated.

12-20-11: Progress note dictated by DC. Physical Examination noted on examination of the right wrist shows grip 15 pounds, left grip 55 pounds, via Dynamometer. ROM right wrist shows flexion 44 degrees, extension 39 degrees, radial deviation 31 degrees, ulnar deviation 28 degrees, and opposition strength is 3/5. Left wrist ROM is within normal limits at this time. Reflexes into the upper extremity shows +2/+4 for deep tendon reflexes. The patient has some numbness over the right distal radial derm extending into the right index finger and right thumb. Clinical Impression: Right radial extension tendinitis. Treatment Plan: follow up within one week, maintain a modified work status for one week, referred for orthopedic evaluation and potential injection, continue medication management.

02-09-12: Mental Health Evaluation/Treatment Request from the xxxxx This is a request for the claimant's current psychological functioning with the following concerns: agitation, anxiety, depression, physical/somative symptoms or psychological symptoms related to patient affect and stress state, and sleep disturbances in order to determine any adverse impact on her ability to participate in or respond to appropriate medical treatment to include treatment planning-regarding need for mental health treatment or comprehensive rehabilitation/pain management program/surgical intervention.

03-27-12: Initial Diagnostic Screening by, MA, LPC. Noted Presenting Problem: The claimant states of having mood disturbances, sleep disorder, vocational concerns, psychological stressors, and physical limitations due to the injury. Claimant was referred for psychophysiological symptoms related to patient's affect. The recommendations are based on the psychological/emotional aspects of the injury, the treatment history, response to treatment, and psychological stressors that may be hindering expected recovery. The results of mental status examination revealed an alert, attentive individual who showed no evidence of excessive distractibility and tracked conversation well. The patient was casually dressed and groomed. Orientation was intact for person, time and place. Eye contact was appropriate. There was no abnormality of gait, posture or deportment. Speech functions were appropriate for rate, volume, prosody, and fluency, with no evidence of paraphasic errors. Vocabulary and grammar skills were suggestive of intellectual functioning within the average range. The patient's attitude was open and cooperative. Affect appeared frustrated and depressed. Memory functions were grossly intact with respect to immediate and remote recall of events and factual information. Her thought process was intact, goal oriented, and well organized. Thought content revealed no evidence of delusions, paranoia, or suicidal/homicidal ideation. There was no evidence of perceptual disorder. Her level of personal insight appeared to be good, as evidenced by ability to state her current diagnosis and by ability to identify specific stressors with precipitated the current exacerbation. Professional clinical observation, interview and test results indicated claimant to be in the low normal range of intelligence. No serious primary neurological or physical impairment appears evident. Clinical Impression: Claimant reported affective and physical symptoms started on xx/xx/xx. On the patient's pain drawing, she reported her right hand, front and back, having pain sensations of aching pain at a rate of 4(Uncomfortable-Moderate pain). Pain Experience Scale=42.5(Mild pain). Claimant reported often feeling frustrated and sometimes feeling overwhelmed and feels like she's getting on everyone's nerves. McGill Pain Questionnaire=19(Normal) reported feeling the following pain sensations: stinging, hurting, and burning. She reported her pain as discomforting. Fear of Avoidance Belief Questionnaire: Physical Sub Scale=21; Work Sub Scale=30. Claimant reported having fear of physical activity making her pain worse and thinks her work might harm her body. Beck Depression Inventory=16(Moderate level of depression) reported feeling that she gets tired more easily than she used to, it take her extra effort to get started at doing something, and she's worried that she is looking old and unattractive. Beck Anxiety Inventory=12(Mild level of

anxiety) reported moderately feeling numbness/tingling. Sleep Questionnaire=53(severe sleeping problems) describing the following symptoms: sometimes having a problem with sleeping during the day, morning fatigue, cramps, pain or crawling sensation in legs while lying in bed. Patient indicated that her sleep problems are caused and/or made worse by: too restless/tense or tired and she worries or fears about current injury, re-injury, and stressful problems. She reported having problems falling asleep 2 out of 7 days of the week. Disabilities of the Arm, Shoulder, and Hand=61.66% (crippled) The patient reported that she was: unable to open a new jar, do heavy household chores, use a knife to cut food, and garden or yard work. She reported extreme weakness in her arm, shoulder, and hand. Diagnostic Impression: DSM IV: Axis I 309.9 Adjustment Disorder Unspecified V62.2 Occupational Problem, Axis II 799.9 Diagnostic Deferred, Axis III 842.10 hand radial 388.3 thumb sprain, Axis IV Pshycosocial Stressors (PSS) Related to Injury (type), Physical Health, Economic/Financial, Axis V Global Assessment of Functioning (GAF) (current): GAF=50, Moderate Symptoms, Global Assessment of Functioning (GAF) (prior to injury) GAF=70, Overall Mild Symptoms. Treatment Plan/Recommendations: Mental Health Treatment: Considering AMA medical necessity as defined 6 primary diagnostic and treatment guidelines. Treatment Goals/Techniques: 1. Decrease Sleep Questionnaire by 6 points, 2. Reduce Pain Experience Scale by 6 points and DASH by 10%, 3. Decrease Beck Depression Inventory by 5 points, 4. Improve work stress by reduction on the Pain Experience Scale by 20 points and McGill Pain Questionnaire by 15 points and FABQ by 8 points on each scale.

04-18-12: UR performed by PhD, Psychology. Reason for Denial: There is no quality evidence to support the independent/unimodal provision of CBT 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 involve 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 (for chronic pain and back injuries) states "consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone". At the present time, the patient continues to receive treatment for injury. According to Ms. post-surgical PT is pending. These issues indicate that the request is not consistent with the requirement that, psychological treatments only be provided for "an appropriately identified patient". Based on the documentation provided, ODG criteria were not met. It is recommended that the request for individual psychotherapy x 6 is not reasonable or necessary. I contacted Ms.who stated she was authorized to discuss this case on 4/17/12. Treatment goal, the patient's treatment history, the chronicity of injury and the patient's current psychological symptoms were discussed. No change in determination.

05-04-12: Response to denial letter by, LPC. Noted the patient has been treated with conservative care, medications, injections, recent surgery. Current medications are Vicodin and Ibuprofen. A pre-morbid hand injury which required surgical intervention is also noted. The psychological evaluation on 3/27/12 indicated the patient was experiencing mild depressive symptoms and mild symptoms of anxiety. Diagnostic impressions are Adjustment Disorder and Occupational Problems. The request is for 6 sessions of individual psychotherapy. At present time, the patient continues to receive treatment for this injury. According to Ms. the patient recently had surgery on xxxxxx. There is no psychological evaluation of this patient since the surgery, and thus there has been no report of "lack of progress" from this treatment. According to Ms. post surgical PT is pending. The patient was referred for individual psychotherapy as a support to address effective and pain symptoms related to her work injury. Treatment intervention for individual therapy will address pain experience and her emotional and subjective reactions toward pain symptoms which will help her develop useful coping skills and self regulation techniques to utilize during her rehabilitation efforts and activities of daily living.

05-04-12: Initial Diagnostic Screening Update by, MA, LPC. The recommendations are based on the psychological/emotional aspects of the injury, the treatment history, response to treatment, and psychosocial stressors that may be hindering expected recovery. The claimant reported her medical problem as very much severe at this time and believes her medical symptom, problems and/or disabilities are very much permanent. Noted claimant's judgment since the date of injury, her course of recovery is improved after physical therapy and she believes her work related injury problems affect her often and are very bad/severe.

05-15-12: UR performed by, PhD, ABPP, Psychology. Reason for Denial: The clinical indication and necessity of this procedure could not be established. The mental health evaluation on 3/27/12 finds impression of adjustment disorder. However, 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, Chronic pain. In addition, the above blatant error in assessing the patient's medications reflects clear lack of attention to important clinical data in this case. Appropriate treatment cannot be based on inadequate evaluation, i.e., "Mental health science is primarily categorized by diagnosis, therefore a credible diagnostic formulation is of the greatest importance for evaluation and treatment planning." [ODG (2011). Mental illness & stress]. There are no notes regarding post-op PT; and there is no mention of problems with recovery or indications for psychological treatment by Dr. Unfortunately, there was no call back within the designated time frame to address these issues. Non approval is recommended.

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

After reviewing the medical records provided, I agree that the original determination should be upheld. The psychometric instruments used on 3/27/12 by Dr. in his diagnostic impression were weak at best in diagnostic abilities Axis I and Axis II (i.e.: MMPI, MCMI, PAI-R and Omni). Per the ODG guidelines state "Consider separate psychotherapy CBT referral after 4 weeks if lack of progress on PT alone". The documentation indicates that the claimant reports that her course of recovery is improved after physical therapy; and furthermore, there is no documentation indicating the lack of progress from PT alone. Therefore, after reviewing the medical records and documentation provided, the request for Individual Psychotherapy 6 sessions over 8 weeks 90806, has been denied.

Per ODG:

Behavioral interventions	<p>ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone:</p> <ul style="list-style-type: none"> - Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) <p>With severe psych comorbidities (e.g., severe cases of depression and PTSD) follow guidelines in ODG Mental/Stress Chapter, repeated below.</p> <p>ODG Psychotherapy Guidelines:</p> <ul style="list-style-type: none"> - 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) <p>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. (Leichsenring, 2008)</p>
--------------------------	--

Cognitive therapy for depression	<p>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</p>
----------------------------------	--

	13-20 weeks (individual sessions)
--	-----------------------------------

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)**