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**Notice of Independent Review Decision  
Reviewer's Report**

**DATE OF REVIEW:** March 13, 2012

**IRO CASE #:**

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

90806 individual psychotherapy x six sessions over three months.

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

M.D., Board Certified in Psychiatry.

**REVIEW OUTCOME**

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

- |   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld    | (Agree)                          |
| <input type="checkbox"/> Overturned           | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

The requested services, 90806 individual psychotherapy x six sessions over three months, are not medically necessary for treatment of the patient's medical condition.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Request for a Review by an Independent Review Organization dated 2/22/12.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 2/23/12.
3. Notice of Assignment of Independent Review Organization dated 2/24/12.
4. Denial documentation.
5. Document entitled Employer's First Report of Injury or Illness dated 9/28/10.
6. Worker's Compensation Request for Medical Care dated 9/28/10.
7. Job Offer documentation dated 9/30/10 through 1/11/12.
8. Medical Group notes dated 9/28/10 through 11/08/10.
9. Texas Workers' Compensation Work Status Reports dated 9/29/10 through 2/07/12.
10. Medical records from DC dated 11/09/10 through 2/07/12.
11. Medical records from MD dated 11/10/10 through 2/14/12.
12. Medical records from DC dated 11/18/10 through 11/17/11.

13. Medical records from Chiropractic Services & Rehabilitation dated 11/22/10 through 1/30/12.
14. Electrodiagnostic Interpretation dated 11/11/10 through 12/06/10.
15. Medical records from MD dated 1/03/11.
16. MRI lumbar spine dated 10/01/07 and 1/05/11.
17. Medical records from MD dated 1/26/11.
18. Medical records from MD dated 3/03/11 through 7/28/11.
19. Medical records from Behavioral Health Associated, Inc. dated 3/28/11 through 2/09/12.
20. Counselor Treatment Progress notes dated 4/20/11 through 8/15/11.
21. Medical records from MD dated 4/28/11.
22. Chronic Pain Management Program dated 10/03/11 through 1/06/12.
23. Undated letter from MD.
24. Medical records from MD dated 10/12/07.
25. Medical records dated 1/28/00 through 1/25/08 (provider not specified).
26. Medical records from DC dated 9/13/07 through 10/22/07.
27. Letter from MS, LPC dated 2/03/12.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who sustained a work-related injury on xx/xx/xx. Per the submitted documentation, the patient was standing on a stack base when it broke. The documentation noted that the patient landed on the right side of her body. Her initial diagnoses included lumbar sprain/strain and contusion, right hand. On 10/11/10, the patient's diagnoses included lumbar sprain and left hip strain. On 10/18/11, the medical records noted continued low back pain. The patient's prior medical history was significant for depression, hypertension and hyperlipidemia. On 1/05/12, the patient's diagnoses included adjustment disorder, with mixed anxiety and depressed mood, acute, and pain disorder associated with work-related injury. The medical records noted that the patient participated in a chronic pain management program for a total of 20 days. The provider noted that the patient's attendance was good, and she made progress. Coverage for 90806 individual psychotherapy x six sessions over three months has been requested.

The URA indicated the patient does not meet Official Disability Guidelines criteria for the requested services. Specifically, the URA's initial denial stated that the patient has completed a 20-day pain management program, and there is insufficient rationale to suggest that further psychotherapy would result in significant benefit. On appeal, the URA indicated that the patient was not returning to pre-injury employment, and she was unable to attain baseline physical function through this program. Per the URA, there is no support in the Official Disability Guidelines for ongoing psychological support after a chronic pain management program, and this request falls outside of the guidelines.

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

The Official Disability Guidelines do not support the requested individual psychotherapy in this patient's case. Official Disability Guidelines note that neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or

injury, with the possible exception of a medically necessary organized detox program. In this patient's case, she has already participated in a chronic pain management program. The submitted documentation fails to establish the medical necessity of ongoing psychological support. The patient's issues should have been addressed in the chronic pain management program. There is insufficient evidence demonstrating that the requested individual psychotherapy will benefit this patient.

Therefore, I have determined the requested services, 90806 individual psychotherapy x six sessions over three months, are not medically necessary for treatment of the patient's medical condition.

**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 JUDGMENT, 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)