US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/29/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual Psychotherapy 1 x 4 weeks

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Psychiatrist

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds that medical necessity does not exist for Individual Psychotherapy 1 x 4 weeks.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Patient face sheet not dated
Initial Behavioral Medicine Assessment dated 09/17/12
Behavioral health treatment preauthorization request dated 09/18/12
Utilization review determination dated 09/21/12
Reconsideration behavioral health treatment preauthorization request dated 10/02/12
Utilization review determination dated 10/08/12

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a female. Initial behavioral medicine assessment dated 09/17/12 indicates that on the date of injury the patient was working as a department manager. A table fell over on a coworker and his legs were trapped, and when she went to help him by lifting the table she injured her neck, shoulder and low back. Lumbar spine imaging was essentially negative and cervical testing revealed a 3 mm bulging disc at C5-6 impacting the thecal sac on the right side. She reports that she has trouble with medications including an anaphylactic type reaction to naproxen. Thus far, physical therapy has been requested but not approved by the carrier. Current medications include Methocarbamol, Meloxicam, Cyclobenzaprine and Lortab. BDI is 16 and BAI is 19. FABQ-W is 30 and FABQ-PA is 24. Diagnosis is pain disorder associated with both psychological factors and a general medical condition, acute.

Initial request for individual psychotherapy 1 x 4 weeks was denied on 09/21/12 noting that the mental health evaluation of 09/17/12 finds impression of acute pain disorder. Relatedly, this does appear to be an acute resolving problem (no medical documentation to the contrary could be provided); the patient has returned to work; and no psychological or behavioral problems are reported in that context. Pending PT may be of some help, but since such has not yet been tried, the present request is inconsistent with ODG criteria. There is no finding of interpersonal problems or behavioral factors limiting functioning on the job, which would require psychological services to reduce or resolve. Request for reconsideration dated 10/02/12 indicates that the patient is working 6 hours a day with restrictions. She struggles with work duties such as standing, lifting and moving her neck and arms.

The denial was upheld on appeal dated 10/08/12 noting that there is no evidence that these psychological symptoms constitute a delay in the "usual time of recovery" from this acute injury. The patient is experiencing acute pain from the injury (4 months old). Guidelines state that "in patients with chronic pain psychological reactions become the major contributors to impaired functioning". However, with acute pain, "pain is still related to tissue damage" and "is not yet compounded by the motivational, affective, cognitive and behavioral overlay that is often a frustrating aspect of chronic pain".

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:
Per initial behavioral medicine assessment performed on 09/17/12, the patient has been diagnosed with pain disorder associated with both psychological factors and a general medical condition, acute, and has not undergone any physical therapy to date. Given that the patient has not undergone any active treatment to date, there is no indication that the patient's psychological symptoms constitute a delay in the "usual time of recovery" from this acute injury. As noted by the previous reviewer, guidelines state "in patients with chronic pain psychological reactions become the major contributors to impaired functioning". However, with acute pain, "pain is still related to tissue damage" and "is not yet compounded by the motivational, affective, cognitive and behavioral overlay that is often a frustrating aspect of chronic pain". The reviewer finds that medical necessity does not exist for Individual Psychotherapy 1 x 4 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

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

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)