



**MEDICAL EVALUATORS  
OF TEXAS** ASO, L.L.C.

1225 North Loop West • Suite 1055 • Houston, TX 77008  
800-845-8982 FAX: 713-583-5943

**Notice of Independent Review Decision**

**DATE OF REVIEW:** September 28, 2012

**IRO CASE**

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

*90806 (Individual Psychotherapy) 12 visits with John Churchill, LCSW*

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

This case was reviewed by a board certified Occupational Medicine who is currently licensed and practicing in the State of Texas.

**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**

Type of Document Received	Date(s) of Record
MRI of the cervical spine	10/11/2011
MRI of the thoracic spine	10/11/2011
A letter from MD, PA	10/27/2011
A letter from MD, PA	03/08/2012
A follow up report by DC	04/11/2012
A follow up report by DC	05/11/2012
A mental health evaluation by xxxx	05/21/2012
A follow up report by DC	06/13/2012

A Designated doctor Evaluation by MD	06/25/2012
A follow up report by DC	07/18/2012
A preauthorization request by DC	07/23/2012
Adverse Determination letter from IMO	07/26/2012
A preauthorization request by DC	08/17/2012
A letter from DC	08/20/2012
Adverse Determination letter from IMO	08/30/2012
A request for an IRO for the denied services of "xxxx (Individual Psychotherapy) 12 visits with xxxx"	09/10/2012

**EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

This is a female who sustained work-related injury on xx/xx/xx to her neck and back while she was lifting a choir riser. She was initially seen by Dr. Dr. and was treated with physical therapy. She then had MRI of the cervical and thoracic spine done that showed no significant findings. She was then seen by Dr. who stated the compensable injury is cervical and lumbar sprain/strain. Since April 2012, she was evaluated and treated by Dr. who referred her to xxxx for mental health evaluation. On 05/21/2012, she was seen by xxxx who recommended individual therapy. Subsequently, she followed up with Dr. who also agreed with xxxx recommendation and requested preauthorization for that.

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

ODG permits 6 sessions for psychotherapy associated with chronic pain. Review of the records reveals this patient to be significantly depressed and poorly functional. One note in the chart mentions her to have suicidal ideation but no plan. I believe that for the sake of mental health, ability to cope better with her pain, and possibly encouraging her to return to work despite some level of pain, it would be helpful to offer her 6 sessions of individual psychotherapy. Some of her depression is likely triggered by her injury and pain syndrome.

**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 13-20 weeks (individual sessions)

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



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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)

**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)