

**ReviewTex, Inc.**  
1818 Mountjoy Drive  
San Antonio, TX 78232  
(Phone) 210-598-9381 (Fax) 210-598-9382  
reviewtex@hotmail.com

**Notice of Independent Review Decision**

**Date:** 08/29/2012

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

PSYTX OFF 45-50 MIN. 1x6 weeks.

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

Texas Licensed Psychologist

**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 medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Initial Behavioral Medicine Consultation dated 7/05/2012, Prior Utilization Review dated 07/17/2012, Reconsideration Letter dated 07/27/2012, and Prior Utilization Report dated 08/06/2012.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who reported an injury on xx/xx/xx. Initial Behavioral Medicine Consult dated 07/05/2012 reported the patient was originally injured while reaching for a box when everything fell on his foot, causing him to fall to the floor. The note reported the patient was previously treated with physical therapy and low back surgery. The patient rated pain at 8/10 with average daily pain of 6/10. The patient rated his current level of overall functioning as 15% and endorsed insomnia complaints. The patient had subjective complaints of frustration, irritability, depression and sadness. The patient was noted to have a BDI-II score of 38, BAI score of 37, FABQ-W score of 42 and FABQ-PA score of 42. The patient was recommended for 6 sessions of individual psychotherapy. Prior Utilization Report dated 07/17/2012 from reported the request for psychotherapy was not medically necessary. The report indicated the patient had a "very sketchy" treatment history as the original injury was more than xx years old and there was no explanation as to what precipitated his current

depression and anxiety symptoms. The report indicated that the tests used to diagnose the severe depression and anxiety have low specificity and sensitivity, making them vulnerable to symptom magnification and no psychometric testing with validity measures were submitted for review. Letter of Reconsideration dated 07/27/2012 reported the patient was status post L4-5 and L5-S1 lumbar fusion on 09/27/2005 and completed postoperative physical therapy. The note reported the patient was previously seen for a psychological evaluation in 02/2012 and underwent some counseling and was recommended for psychotropic medications. The note reported the patient had a prior history of being released from care by due to violation of an agreement and he was recommended for a detox program. The patient was again recommended for psychotherapy. Prior Utilization Review dated 08/06/2012 by reported the request for psychotherapy was denied as the claimant was not currently on medications and the patient should be started on psychotropic medications prior to starting any individual psychotherapy.

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

The request for 6 sessions of individual psychotherapy is non-certified. The request was previously denied on 2 occasions due to lack of medication management and lack of psychometric testing scores with a validity scale. There has been no documentation submitted for review to address the concerns from the 2 prior peer review providers. The patient seems to have recent episode of severe anxiety and depression well after the date of injury and last surgical intervention. There was no explanation for cause of recent psychological symptoms and how they relate to the injury in question. The patient has a history of prior aberrant pain behaviors as he was discharged from another physician's care. This would warrant the psychometric testing with a validity scale as previously recommended in the initial review. Given the above, the request is non-certified.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES – Mental Illness and Stress Chapter, Online Edition.**

**References:**

Official Disability Guidelines, Mental Illness and Stress Chapter, Online Edition  
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)