

IRO NOTICE OF DECISION – WC



Notice of Independent Review Decision IRO REVIEWER REPORT - WC

Date notice sent to all parties: August 29, 2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Psychotherapy 1 x 6 weeks; 90806

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

Psychologist

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)

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:

- 11-18-11 Initial Behavioral Assessment consultation.
- 7-3-12 Initial Behavioral Medicine Consultation.
- 7-18-12 UR.
- 8-1-12 Reconsideration Request

- 8-3-12 UR.

PATIENT CLINICAL HISTORY [SUMMARY]:

11-18-11 Initial Behavioral Assessment Consultation. Results of BDI-II and BAI showed: score of 40 on the BDI-II, indicating severe depression. The claimant's score on BAI was 49, reflecting severe anxiety. The claimant reported he is struggling with more frequent and severe panic attacks since his injury to the point that he was hospitalized overnight at a local hospital. The FABQ showed significant fear avoidance of work (FABQ-W = 37) as well as non significant fear avoidance of physical activity in general (FABQ-PA = 12). Multiaxial diagnosis: AXIS I: pain disorder associated with both psychological factors and a general medical condition, chronic, anxiety disorder, NOS.

AXIS II: no diagnosis

AXIS III: Injury to right hand

AXIS IV: Problems related to personal physical injury: Occupational and economical issues.

AXIS V: GAF - current 52, estimated pre injury 81+.

The evaluator requested individual psychotherapy 1 x 6 weeks.

7-3-12 Initial Behavioral Medicine Consultation. On mental status exam: Mood dysthymic and anxious while his affect was constricted. On BDI-II and BAI showed: score of 40 on the BDI-II, indicating severe depression. The claimant's score on BAI was 49, reflecting severe anxiety. The claimant reported he is struggling with more frequent and severe panic attacks since his injury to the point that he was hospitalized overnight at a local hospital. The FABQ showed significant fear avoidance of work (FABQ-W = 37) as well as non significant fear avoidance of physical activity in general (FABQ-PA = 12). Multiaxial diagnosis: AXIS I: pain disorder associated with both psychological factors and a general medical condition, chronic, anxiety disorder, NOS.

AXIS II: no diagnosis

AXIS III: Injury to right hand

AXIS IV: Problems related to personal physical injury: Occupational and economical issues.

AXIS V: GAF - current 52, estimated pre injury 81+.

The evaluator requested individual psychotherapy 1 x 6 weeks.

7-18-12 UR. He discussed this case and requested procedure with Dr. The clinical indication and necessity of this procedure could not be established. The mental health evaluation of 7/3/12 finds impressions of pain disorder, chronic, and anxiety disorder NOS. 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 [ACOEM. (2008). Chronic pain. Occupational Medicine Practice Guidelines, p, 319-320]. 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. [Official Disability Guidelines. (2011). Mental illness & stress], The patient is still in physical therapy and this is not associated with any reported problems of psychological or behavioral limitation, compliance, or rate of progress. He was not able to establish a basis that this treatment is both reasonable and necessary at this time. Non-approval is recommended.

8-1-12 Reconsideration Request: To begin, he recently completed 7 occupational therapy sessions. He is having trouble coping with his injury and has been anxious. When further questioned about his scores, the claimant did share that he has been struggling with more frequent and severe panic attacks since his injury to the point that he was hospitalized overnight at a local hospital. In addition, he noted that now he is unable to play sports, which has been his emotional outlet; as a result, he feels angry all the time now as well as unhappy and miserable. He adds that he has his good days and his bad days and that he normally feels worse in the morning after not sleeping well at night. The claimant rates his level of overall functioning in life prior to the injury at 100% and rates his current level of functioning at 70%. He endorses both initial and sleep maintenance insomnia (difficulty falling asleep, 3 or more awakenings per night, and early morning awakening). He reports sleeping 8-9 restful hours a night prior to the work injury, and is currently sleeping 5 fragmented hours per night. He also notes a decrease in his appetite with an increase in weight since his injury. Patient reveals an increase in alcohol consumption from drinking every other weekend to drinking three times a week. He indicates that he has attempted to cope by consuming alcohol more frequently and going to the gym even though he cannot do all the physical activities he used to do. Results of the Beck Depression Inventory-II (BDI-11) and the Beck Anxiety Inventory (BAI) reveal the following: The patient scored 40 on the BDI-II, indicating severe depression. The patient's score on the BAI was 49, reflecting severe anxiety. His responses on the Fear Avoidance Beliefs Questionnaire (FABQ) showed significant fear avoidance of work (FABQ-W = 37) as well as non-significant fear avoidance of physical activity in general (FABQ-PA = 12). The claimant states that he sustained a work-related crush injury to his right upper extremity. He explained that he was pulling somewhere between 400-500 pounds when it smashed his dominant right hand against the wall while pulling his entire right arm with it. Patient states that he reported the injury to his supervisor the next work day as his hand was visibly bruised. Unfortunately it took a couple of weeks before he was finally sent for medical attention with the company's doctor.

- Since that time, the patient reports undergoing the following diagnostics and treatment: X-rays, physical/occupational therapy, MRI, prescription medications, injections and a referral to M.D. Per report, patient was found to have a right fifth carpal metacarpal bone joint fracture which was surgically repaired by Dr. On 6/12/12 patient underwent EMG/NCV of the upper right extremity.
- He has recently completed 7 occupational therapy visits. Now Dr. is considering a 2nd surgery for trigger finger in his right hand. He is unsure of doing this procedure.

- He did attempt to work. Per report, the patient attempted to return to work in February until he reinjured his hand and was taken off work. At the present time, the patient reports that he has been released to work with restrictions that prevent him from using his right hand, but his employer has told him that they have no light duty work available.

Treatment goals:

1. Treatment will help the claimant differentiate emotional feelings from physical sensations so that he becomes more aware of somatic expressions of his emotions. He will be educated about the mind-body connection and the role that thoughts and emotions have on one's body, thus empowering him to understand and better manage his pain.
 2. The claimant will be instructed about and guided in the use of self-regulation techniques such as diaphragmatic breathing, progressive muscle relaxation, and guided imagery in order to decrease target symptoms. By the end of treatment, the patient will report employment of these stress and pain management techniques at least once a day with the result of reductions in levels of target symptoms from 7-8/10 to 2-4/10.
 3. Teach the claimant to identify, challenge, and replace cognitive distortions that perpetuate and exacerbate his pain-related avoidance behaviors and mood disturbance. With treatment that helps patient identify, challenge, and modify these thoughts, mood symptoms and pain-related avoidant behaviors will decrease. By the end of treatment, patient will report independent ability to (a) challenge and replace negative cognitions, (b) reframe experiences, and (c) modify attributions of negative events to support internal locus of control and proactive steps towards recovery.
 4. Improve patient's sleep hygiene with education of factors that facilitate or interfere with getting good sleep and modification of bedtime routines. By the end of sessions, he will report increasing sleep time from 5 hours of fragmented sleep to 8 or more hours of relatively uninterrupted sleep.
 5. Patient will learn to identify warning signs/triggers for anxiety/panic attacks, including specific thoughts and behaviors, and patient will develop a plan for coping with anxiety-provoking situations/thoughts in non-physical ways.
- Medical Necessity: §408.021 of the Texas Labor Code, on Entitlement to Medical Benefits, states that: "An employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to health care that:
- i. Cures or relieves the effects naturally resulting from the compensable injury; or
 - ii. Promotes recovery; or
 - iii. Enhances the ability of the employee to return to work or retain employment.

8-3-12 UR. Based on the clinical Information provided, the appeal request for Individual psychotherapy 1 x 6 weeks is not recommended as medically necessary. Per telephonic consultation with Dr., the patient has made some progress in physical therapy. The patient's Beck scales are extremely elevated and are of questionable validity.

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

The patient has an injury. He has had diagnostics, physical therapy, occupational therapy, surgery, an injection, and medications. A second surgery was considered. He has a history of anxiety but his anxiety has reportedly increased significantly since his injury even to the point of requiring hospitalization. He rates his pain as 8/10 and is taking naproxen, Norco, and hydrocodone. He has a BDI of 40, BAI of 49, panic attacks, and fear-avoidance for work. He reported he was released to return to work but was told there was no light duty available. His use of alcohol has reportedly increased which needs to be addressed. Therefore, based on the provided documentation, the requested psychotherapy 1 x 6 weeks is considered medically reasonable and necessary, per evidence-based guidelines.

Per ODG 2012 Psychological treatment: Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested:

Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention.

Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy.

Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. See also ODG Cognitive Behavioral Therapy (CBT) Guidelines. (Otis, 2006) (Townsend, 2006) (Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005) See also Psychosocial adjunctive methods in the Mental Illness & Stress Chapter. Several recent reviews support the assertion of efficacy of cognitive-behavioural therapy (CBT) in the treatment of pain, especially chronic back pain (CBP). (Kröner-Herwig, 2009)

IRO REVIEWER REPORT - WC

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)