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Notice of Independent Review Decision

Date notice sent to all parties: 9/18/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

individual psychotherapy 1X4 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:

Overturned (Disagree)

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:

Records Review includes:

1. 8/13/12 denial letter

2. 8/23/12 Pre-authorization request
3. 8/29/12 denial letter
4. Initial Behavioral Medicine Consultation 7/31/12 and Rebuttal letter of 8/23/12
5. 8/28/12 Environment intervention
6. Peer review 8/10/12
7. Peer review 8/24/12
8. Designated doctor exam, 6/22/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient suffered a work injury on xx/xx/xx after a slip and fall at work. She was treated with conservative management including physical therapy. An FABQ was used to screen for risk factors of delayed recovery. The patient did have elevated fear avoidance towards work, but not her physical component.

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

The use of the ODG criteria for Cognitive Behavioral Therapy as cited by the prior review physicians was not entirely accurate.

ODG Cognitive Behavioral Therapy which is in the Pain Chapter under the heading "Behavioral Interventions" states:

Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ).

Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT.

Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone:

- Initial trial of 3-4 psychotherapy visits over 2 weeks- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)

The records provided for review do confirm that the patient has an elevated Fear Avoidance towards work. The ODG does not separate the physical activity versus work related fears in this questionnaire. The ODG guides only suggest that with a

positive FABQ there is a need to be addressed with psychotherapy.

The patient has undergone physical therapy and yet the patient has records to confirm ongoing deficits in activities of daily living and there are documented factors for delayed recovery as noted in the FABQ. The prior physicians indicated that the FABQ did not find fear associated with physical activity and therefore, the denial was given. However, the ODG under the Fear Avoidance Beliefs Questionnaire does not indicate that the tool can be used for denials of care, only for assessing risk factors for delay in recovery.

This patient has a documented risk factor for delay in recovery and physical therapy alone did not provide sufficient progress. Therefore, based on the ODG Criteria for Cognitive Behavioral Therapy, the patient and provider have met the criteria of the ODG for up to 4 visits of psychotherapy.

IRO REVIEWER REPORT TEMPLATE -WC

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

X DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES