

Matutech, Inc

881 Rock Street
New Braunfels, TX 78130
Phone: 800-929-9078
Fax: 800-570-9544

Notice of Independent Review Decision

Date: November 15, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual psychotherapy four sessions and biofeedback training/therapy four sessions

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

American Board of Psychiatry and Neurology

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Overturned (Disagree)

Medical documentation supports the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Utilization reviews (10/10/13, 10/28/13)
- Utilization reviews (10/10/13, 10/28/13)
- Letter (10/18/13)
- Therapy prescription (09/03/13)
- Office visit (09/06/13)
- Utilization reviews (10/10/13, 10/28/13)
- Letter (10/18/13)

ODG criteria has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is female who on xx/xx/xx, heard a pop in her right shoulder and immediately felt a stabbing and burning pain at the top of her right shoulder.

From xx/xxxx through August 2013 no records are available.

On September 3, 2013, a request for individual counseling and biofeedback was submitted. The diagnoses listed were rotator cuff syndrome of shoulder and allied disorders; unspecified neuralgia, neuritis and radiculitis and other disorders of muscle, ligament, and fascia.

On September 6, 2013, the patient underwent reassessment for individual psychotherapy treatment. reported that the patient was seen on xx/xx/xx. She had had x-rays series and a magnetic resonance imaging (MRI) on October 31, 2012, which showed evidence of a rotator cuff tear, mild acromioclavicular (AC) joint degenerative changes with mild subacromial/subdeltoid bursal edema/fluid possibly indicating bursitis and suboptimal evaluation of the intra-articular long head biceps tendon secondary to technique. The patient had participated in 12 sessions of physical therapy (PT) between September and November 2012. She had been treated with passive modalities including ultrasound, heat and ice. Diagnoses were major depressive disorder, single episode severe without psychotic features and pain disorder associated with both psychological factors and a medical condition.

Following treatment summary was noted: *On June 20, 2013, the patient reported that had referred her to a specialist with whom she had an appointment on June 24, 2013. She reported that her right foot had been hurting and she saw a doctor who had diagnosed a problem with a bunion. The patient described her right shoulder pain as simultaneous pain, burning and heaviness which shoot up to her neck and head. It was noted that she was spending most of the day in bed crying and sleeping. She denied suicidal ideation and felt no pleasure, no motivation or interest to do anything. She had isolated herself from others. She had an appointment with an Ombudsman on June 26, 2013. The patient accepted that a goal for the coming week was to get out of bed and stay out of bed during the day. On June 28, 2013, the patient reported having negative thoughts which made her wonder where they come from. She reported she was not sleeping but resting, continued to stay in bed for most of the day, she felt no motivation or interest to get up. The patient agreed to being referred for a psychotropic consultation. She was guided through a relaxation exercise to learn breathing techniques for anxiety, pain and sleep disruption.*

On July 18, 2013, the patient reported feeling irritated and depressed. She continued to spend most of her time in bed, and if she was up did not want to see anyone. She was scheduled for an MRI for July 30, 2013, and a possible injection. She was scheduled to see doctor on July 9, 2013, for antidepressant but she was unable to make the appointment due to death in the family, it was rescheduled for July 23, 2013. She continued to have shoulder pain. She reported that she wanted to return to work because she was having difficulty with finances. In this session, the patient reported high levels of depression and stress. She was encouraged to try out new ways of thinking. When she found self-starting to have negative thinking, she would takeoff the negative lenses of depression and look for the positive. She would also try to stop the thoughts with cognitive behavioral therapy (CBT) strategies. There was a talk about the

important of self-discipline to manage stress and life in general, being proactive instead of waiting for things to happen.

On August 6, 2013, the patient reported that she continued to feel very depressed and was very concerned about having thoughts about people dying and feared there was something very serious about her emotional state. She continued to have difficulty sleeping. An MRI was done on August 2, 2013, and reported that she was bruised and had had increased pain in her right shoulder ever since. saw her on August 6, 2013, and he started her on Zoloft 50 mg once a day. Given that the patient continued to spend much of her day in bed doing crossword puzzles and watching television, a project to get her motivated was discussed. The patient was given her CBT work sheets to work on daily to control anxiety and depression.

It was noted that the patient Beck Depression Index-II (BDI-II) score on initial intake on May 31, 2013, was 26 which in the moderate range where as the Beck Anxiety Inventory (BAI) score was 24 which too was in the moderate range. On August 6, 2013, the BDI-II score was 24 with slight improvement where as the BAI score was 17 which indicated improved. The patient was seen by her treating doctor on August 6, 2013, who had recommended the chronic pain program. However, the patient was then a possibly a surgical candidate and her treating doctor recommended she continue IPT sessions to address her fear avoidance of physical activity, her difficulty with sleep and her mood as well as provide her with pain management tools. recommended four sessions of individual psychotherapy and four sessions of biofeedback sessions.

Per utilization review dated October 10, 2013, the request for four sessions of individual psychotherapy and four sessions of biofeedback sessions was denied with the following rationale: *“Summary:-The date of injury is listed as xx/xx/xx, and the patient is documented to be xx years of age. The request is for treatment in the form of four sessions of psychotherapy services, as well as four sessions of biofeedback. It is documented, that on the date of injury, symptoms of pain developed in the right shoulder when the patient performed a lifting activity in the work place. It is documented that past treatment did include four sessions of psychotherapy services. It is documented that authorization had been given for surgical intervention to the affected shoulder. A medical document dated September 6, 2013 indicated that subjectively, there were difficulties with sleep. It was documented that an MRI of the affected shoulder was accomplished on August 2, 2013; the official report is not available for review. Specifics were not provided with regard to objective findings on physical examination of the affected shoulder. Analysis and Clinical Basis for Conclusion: For the described medical situation, the above noted reference would not presently support this specific request to be one of medical necessity. Previous treatment has included an attempt at individual counseling services. The records available for review do not indicate that this form of treatment has markedly enhanced functional abilities. Additionally, it is documented that authorization has been given for surgical intervention to the affected shoulder. As a result, presently, for the described medical situation, the above noted reference would not support this specific request to be one of medical necessity. Peer to peer discussion was unsuccessful.”*

On October 18, 2013, reported that the patient had made gains in reducing her irritability, frustration, anxiety and sleep problems. Her BAI score had decreased from 24 to 17 and her BDI-II score had slightly decreased from 26 to 24. A request for reconsideration/appeal for authorization to participate in a brief course of individual psychotherapeutic sessions was submitted.

Per reconsideration review dated October 28, 2013, the request for four sessions of individual psychotherapy and four sessions of biofeedback training/therapy was denied with the following rationale: *"In discussion it appears that the worker has been denied surgery, and that ongoing psychotherapy is being utilized as a 'stop gap' maneuver while awaiting a possible change in the outcome regarding this procedure. Reports concerning progress made to date do not support continuing psychotherapy as a viable treatment intervention for this worker. The procedure requested is not approved."*

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

Here are the facts of the case that are pertinent to making a decision. The patient had participated in 12 sessions of physical therapy (PT) between September and November 2012. Diagnoses were major depressive disorder, single episode severe without psychotic features and pain disorder associated with both psychological factors and a medical condition.

On June 28, 2013, the patient reported having negative thoughts that made her wonder where they come from. She reported she was not sleeping but resting, continued to stay in bed for most of the day, she felt no motivation or interest to get up. On July 18, 2013, the patient reported feeling irritated and depressed. She continued to spend most of her time in bed, and if she was up did not want to see anyone.

On August 6, 2013, the patient reported that she continued to feel very depressed and was very concerned about having thoughts about people dying and feared there was something very serious about her emotional state. She continued to have difficulty sleeping. saw her on August 6, 2013, and he started her on Zoloft 50 mg once a day. Given that the patient continued to spend much of her day in bed doing crossword puzzles and watching television, a project to get her motivated was discussed. The patient was given her CBT work sheets to work on daily to control anxiety and depression.

On October 18, 2013, reported that the patient had made gains in reducing her irritability, frustration, anxiety and sleep problems. Her BAI score had decreased from 24 to 17 and her BDI-II score had slightly decreased from 26 to 24. A request for reconsideration/appeal for authorization to participate in a brief course of individual psychotherapeutic sessions was submitted.

Per reconsideration review dated October 28, 2013, the request for four sessions of individual psychotherapy and four sessions of biofeedback training/therapy was denied with the following rationale: *"In discussion it appears that the worker has been denied surgery, and that ongoing psychotherapy is being utilized as a 'stop gap' maneuver while awaiting a possible change in the outcome regarding this procedure. Reports concerning progress made to date do not support continuing psychotherapy as a viable treatment intervention for this worker. The procedure requested is not approved."*

It is very clear from the above information that the patient is suffering from a severe case of Major Depressive Disorder. Her treatment to this point has been a very low dose of antidepressant medication, specifically Zoloft 50 mg., and a few sessions of psychotherapy utilizing CBT techniques. The report on October 18, 2013, provides documentation that the patient has shown a positive response to her treatment. ODG clearly encourages treatment of a major depressive episode, although this treatment was denied by the reviewer. ODG clearly states that an initial 6 visits of CBT over 6 weeks should be authorized for the treatment of depression. With evidence of improvement, 13 to 20 visits over 13 to 20 weeks can be authorized. ODG also encourages treatment with an antidepressant. In this patient's case, the dosage used so far is very low, and should be increased as tolerated. If the patient's depression continues despite treatment with both CBT and therapeutic dosages of Zoloft, augmentation with Seroquel or Abilify would be indicated, as approved by the FDA for treatment of treatment-resistant depression. In addition, the patient has a secondary diagnosis of pain disorder. ODG suggests consideration of biofeedback in conjunction with CBT after 4 weeks if there is no improvement after PT.

Thus, the requested services of CBT psychotherapy and biofeedback are consistent with ODG criteria for this patient.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES