



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**Date notice sent to all parties:** 11/4/2013

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of individual psychotherapy 1x4 weeks.

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

The reviewer is a PhD in Counseling and License Professional Counselor. The reviewer has been practicing for greater than 10 years.

**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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of individual psychotherapy 1x4 weeks.

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

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed:

LHL009 – 10/15/13

Preauthorization Request – 9/23/13

Reconsideration Request – 10/4/13

Patient Face Sheet – undated

Script – 9/11/13

Individual Psychotherapy Treatment Assessment – 9/17/13

Denial Letters – 9/26/13, 10/11/13

Records reviewed: All records are duplicates from above.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who sustained a work related injury on xx/xx/xx – cumulative injury lumbar sprain. On the DOI, she stated that she had a lot of pain by the end of the day which worsened by morning. She reported the injury to her supervisor the next day.

The patient has had x-ray series, MRIs, and an EMG. She has had passive modalities of treatment including ultrasound, heat and ice. She had 12 sessions of physical therapy and participated in a work hardening program. She returned to work on a full-time basis on 8/2/13. She has since been referred for individual psychotherapy sessions to address pain perception and fears, management of injury related to pain and stress. Her Beck Depression Inventory-II and Beck Anxiety Inventory revealed mild depression and anxiety. The results of her Fear Avoidance Beliefs Questionnaire (FABQ) showed non-significant fear avoidance of work and non-significant fear avoidance of physical activity in general.

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

The patient is currently endorsing mild depression and anxiety concerns although no information regarding the patient's change of life skills, impact of the injury on her sleep, social life or support system is available for review. Although the ODG supports CBT for treatment of pain management, information provided noted therapy was provided (or available) through the work hardening program. Additional treatment after return to work is not medically necessary for this injury.

**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)**