



3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069  
Ph 972-825-7231 Fax 972-274-9022

## Notice of Independent Review Decision

**DATE OF REVIEW:** 3/23/2013

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of Individual Psychotherapy 1x Wk x 4 Wks Lumbar 90834.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation.

**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 disagrees with the previous adverse determination regarding the prospective medical necessity of Individual Psychotherapy 1x Wk x 4 Wks Lumbar 90834.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

Texas Department of Insurance

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

Records reviewed from Texas Department of Insurance

Texas Department of Insurance

Intake Paperwork

Denials- 2/21/13, 1/15/13

Records reviewed

Preauthorization Request for Active Therapy- 2/12/13, 9/20/11  
Initial Comprehensive Evaluation- 9/15/11

Radiology Report- 2/6/13  
Office Notes- 2/6/13

MRI of the Lumbar Spine- 10/30/12

Individual Psychotherapy Note- 1/10/13  
Letter by - 1/22/13  
Psychological Testing and Assessment Report- 10/25/12  
Initial Behavioral Medicine Assessment- 10/19/12

Office Note- 9/13/12

Records reviewed were duplicates.

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

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured worker sustained a work-related injury on xxxxxxxx when he fell. According to the records submitted for this review, the worker was evaluated and was treated with medications. On 9/5/2011 he saw who diagnosed lumbar intervertebral disc disorder and sciatica. He recommended medications, physical therapy, durable medical equipment, and off work status. He stated that the worker would "benefit from psychological evaluation to assess for any psychological overlay". Active physical therapy was requested 09/20/2011.

On 09/13/2012 the worker reported a little more pain in the lower back. discussed daily home activities and how to reduce the pain and decrease the risk of re-injury, filed a DWC Form-73 for working with restrictions, and planned to refer the worker for medication evaluation and pain management.

Initial behavioral medicine assessment was done 10/19/2012, wherein the evaluator reported a score of 36 on the BDI-II and a score of 25 on the BAI. Test results were consistent with significant fear avoidance of work and physical activity in general. The evaluator recommended further testing. Psychological testing and assessment was done 10/25/2012. The examiner diagnosed pain disorder associated with both psychological factors and general medical condition, chronic, with major depressive disorder and anxiety disorder. A course of individual psychotherapy for a minimum of five weeks was recommended. The worker reported a pain level of 10/10.

The worker received individual psychotherapy as requested, completing the last of six authorized sessions on 01/10/2013. The examiner documented a favorable response to treatment. According to the worker's self-report, pain had improved to 6/10, irritability 7/10, frustration 3/10, muscle tension 8/10, nervousness 7/10, sadness 5/10, sleep problems 3/10, and forgetfulness 7/10. The worker reported sleeping at least six hours per night. He was working part-time and reported feeling less depressed and anxious. Current medications at that time were Clonopin, bupropion, hydrocodone-acetaminophen, and Laxacin. The examiner requested four additional sessions "to reinforce original treatment plan, increase psychoeducation to address pain experience". The additional treatment sessions were non-certified. An appeal was requested on 01/22/13. Again the favorable response to the six authorized sessions was summarized. The BDI score had improved from 36 to 13. The BAI had improved from 25 to 17.

The worker was seen 02/06/2013 for orthopedic evaluation. The injured worker was working light duty. He reported a pain level of 7/10, worse in the morning and at night. diagnosed lumbar syndrome without distinct radicular pattern, with L5 discomfort / dysfunction. He recommended physical therapy, repeat MRI, and reassessment in 4 to 5 weeks.

On February 12, 2013 submitted a Preauthorization Request for active therapy for the back injury (although the left knee was mentioned once in the request). In the request noted that according to the injured worker, he had never finished a round of active therapies for his back injury.

On February 21, 2013 the requested psychotherapy sessions were non-certified after reconsideration.

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

Recommend approval of requested services. The decision is based upon the records submitted for review and upon the ODG Guidelines.

As noted in the ODG Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), (updated 03/12/13) pertaining to cognitive behavioral therapy, [according to one trial] active physical treatment, cognitive-behavioral treatment, and the two combined each resulted in equally significant improvement, much better compared to no treatment. (The cognitive treatment focused on encouraging increased physical activity.) ([Smeets, 2006](#)).

From the ODG Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), (updated 03/12/13) pertaining to cognitive behavioral therapy (CBT) guidelines for low back problems:

- Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See [Fear-avoidance beliefs questionnaire](#) (FABQ). **The worker scored high on the FABQ and is therefore considered to be at risk for current and future disability and work loss.**

- Initial therapy for these “at risk” patients should be [physical therapy exercise](#) instruction, using a cognitive motivational approach to PT. **As of 2/12/2013 the worker had received cognitive, motivational therapy but had not yet received active therapy. However, did recommend therapy 2/06/2013 and did request active therapy 2/12/2013.**
- Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone: **Physical Therapy was not done prior to 2/12/2013 but has been requested.**
- Initial trial of 3-4 psychotherapy visits over 2 weeks: **There was an initial trial of 6 visits.**
- With evidence of objective [functional improvement](#), total of up to 6-10 visits over 5-6 weeks (individual sessions). **Subjective improvement was documented. No measurement of objective functional improvement was reported . Objective measurement of functional status will become obtainable when the requested active therapy is initiated.**

**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)