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Notice of Independent Review Decision

IRO REVIEWER REPORT TEMPLATE –WC

April 4, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual psychotherapy once a week for three weeks

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

Board Certified Psychiatrist

REVIEW OUTCOME:

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

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

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:

- Office visit (02/07/13)
- Utilization reviews (02/28/13, 03/14/13)

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PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who experienced an onset of severe pain in her low back on xx/xx/xx. She was pulling and lifting some trays weighting up to 40-50 pounds when she experienced an onset of severe pain in her low back.

No records are available from April 2010 through June 2012.

On June 31, 2012, the patient was evaluated. Her treating doctor was. She was diagnosed with lumbar intervertebral disc without myelopathy, thoracic intervertebral disc without myelopathy; neuralgia, neuritis and radiculitis, unspecified and other disorders of muscle, ligament and fascia. She was recommended psychological testing and individual counseling.

On February 7, 2013, performed a re-assessment of the patient for individual psychotherapy treatment. The patient was utilizing amitriptyline and meloxicam. She had received prednisolone 40 mg/ dexamethasone 4 mg shot on January 10, 2013. She was given a Medrol Dosepak which had been completed since then. She presented to the clinic for re-evaluation regarding need for continued treatment. She stated that she would like the opportunity to participate in additional psychotherapy sessions because she found it helpful to talk to someone about the injury and pain since she did not really talk to anyone. Thus, she found the session to be therapeutic and educational. Her pain level prior to individual psychotherapy was 5 and presently was 4, indicating to a 20% reduction. Her irritability was 5 prior to the individual psychotherapy and presently was 6, indicating 20% increase. Her frustration was 4 prior to the individual psychotherapy and presently was also 4. Her muscle tension was 8 prior to the individual psychotherapy and presently was 6, indicating 25% reduction. Her anxiety was 2 prior to the individual psychotherapy and presently was 4, indicating 100% increase. Her Beck Anxiety Inventory (BAI) was 8 (mild) prior to the individual psychotherapy and presently was 11 (mild), indicating 37.50% increase. Her depression was 2 prior to the individual psychotherapy and presently was 4, indicating 100% increase. Her Beck Depression Inventory II (BDI II) was 14 prior to the individual psychotherapy and presently was 14, indicating no change. Her sleep problems were 7 prior to the individual psychotherapy and presently were 6, indicating 14.29% reduction. She was applying coping skills to include increasing activities of daily living (ADLs), increasing socialization, appropriate pacing and home exercise program (HEP)/stretching as prescribed by the treating doctor. Diagnosis was pain disorder associated with both psychological factors and a general medical condition, chronic; injury to the thoracic and lumbar spine and problems related to personal physical injury, economic and occupational issues. She was recommended continuing three more sessions of individual psychotherapy.

Per utilization review dated February 28, 2013, the request for individual psychotherapy 1 x week x 3 weeks was denied. noted that preauthorization history included office visits, physical therapy (PT), caudal epidural steroid

injection (ESI), transforaminal ESI's, bilateral SI joint injection and rhizotomy and individual psychotherapy. denied the request based on the following rationale: *"The patient is a female whose date of injury is xx/xx/xx. On this date the patient was lifting when she felt a pull on the left side of her low back. Individual psychotherapy treatment reassessment summary dated February 7, 2013, indicates that the patient has completed 3 of 4 individual psychotherapy sessions. Current medications are amitriptyline and meloxicam. Diagnosis is pain disorder associated with both psychological factors and a general medical condition, chronic. Pain level decreased from 5 to 4/10, irritability increased 5 to 6/10, frustration remained 4/10, anxiety increased 2 to 4/10 and depression increased 2 to 4/10. BAI increased from 8 to 11 and BDI remained 14. Based on the clinical information provided, the request for individual psychotherapy x3 is not recommended as medically necessary. Per telephonic consultation the patient has completed 3 sessions to date with minimal progress. The patient is not taking any psychotropic medications. The patient does take amitriptyline, but it is for sleep. The patient's Beck scales are within normal limits."*

Per reconsideration review dated March 8, 2013, the appeal for individual psychotherapy 1 x week x 3 weeks was denied based on the following rationale: *"The patient is a female who injured her low back. Individual psychotherapy treatment re-assessment summary dated February 7, 2013, indicated that the patient completed 4 individual psychotherapy sessions. Current medications are amitriptyline and meloxicam. Had CCH and placed at MMI with 5% IR on 3/28/12. Diagnosis is pain disorder associated with both psychological factors and a general medical condition, chronic. In previous IT, her pain level decreased from 5 to 4/10. Irritability increased from 5 to 6/10, frustration remained 4/10, anxiety increased 2 to 4/10 and depression increased 2 to 4/10. BAI increased from 8 to 11 and BDI remained 14. This is a request for 3 further visits of IT which were non-authorized on February 28, 2013. Rationale for previous non-authorization was that patient failed to demonstrate sufficient progress and improvement with previous IT. Request for reconsideration argues that sessions have been beneficial and therapeutic and that patient would like to continue IT. I spoke with at 11:55 A.M. on March 14, 2013, for peer-to-peer. I informed him that I concur with previous reviewer that the data suggest patient has not improved with IT. I noted that they also contradict themselves by saying her irritability has increased because of frequent awakening from pain during the night, but then report her sleep has improved. argued that her ADL's and socialization are improving and that she has managed to RTW. At this point in time, her depression and anxiety are minimal and she is working. He contends that simply not deteriorating is grounds enough to continue with IT. I disagree and concur with previous reviewer that ODG criterion for continuing IT is not met as patient failed to demonstrate improvement with initial trial. Denial accepted."*

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

ODG has very specific guidelines for the use of psychotherapy in the treatment of chronic pain. ODG suggests that there be a separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone. Then an initial trial of 3-4 visits

over 2 weeks may be given. Further sessions up to 6-10 visits over 5-6 weeks may be given ONLY with evidence of objective functional improvement. In the record of this case, there is no objective evidence of improvement with 4 visits of psychotherapy. In fact, scores of the BAI increased (condition worsened slightly) and scores of the BDI remained the same. There is a note that the patient's ADL's and socialization are improving, but there is no objective evidence to support this.

Thus, ODG criteria are not met for authorization of continued visits.

**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