

AccuReview

An Independent Review Organization
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Notice of Independent Review Decision

[Date notice sent to all parties]: January 11, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy 1 x 4 weeks

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

This physician has been licensed in the field of Psychology for over the past 25 years.

REVIEW OUTCOME:

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

Upheld (Agree)

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:

08-27-12: Request for Smoking Cessation
10-08-12: UR performed
10-09-12: Nicotine and Metabolite, Quant resulted
10-24-12: Follow up Visit
11-19-12: Re-assessment Summary Individual Psychotherapy Treatment at
11-21-12: Behavioral Health Treatment Preauthorization Request
11-28-12: UR performed
12-05-12: Follow up Visit
12-07-12: Reconsideration: Behavioral Health Treatment Preauthorization Request
12-19-12: UR performed
12-26-12: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:

10-08-12: UR performed. Reason for denial: Required Texas Department of insurance division of Workers' Compensation Notice: A dispute is pending final adjudication. The carrier is disputing the following body parts/conditions: erectile dysfunction. L1 compression fracture. "Final Adjudication" means that TDI-DWC has issued a final decision or order that is no longer appealable by either party. Per mutual agreement with Lyndsey, authorization is given for Individual Psychotherapy 1xWkx4Wks 90806, , to be done between 10/8/12-11/8/12.

10-24-12: Follow up Visit. Claimant presented to clinic and wishes to go forward with surgical intervention. He still has significant low back pain and leg pain that prevents him from walking and also causes significant pain in his low back. Assessment: 1. Pseudoarthrosis, L3-L4. 2. Loose painful hardware, L3-L4. 3. Spinal stenosis, L3-L4. 4. Lumbar spondylosis, L3-L4. 5. Lumbar radicular syndrome. Plan: Claimant referred for pre-surgical screening. Claimant will require fusion at L3-L4 including anterior interbody and posterior decompression with revision of the screws.

11-19-12: Re-assessment Summary Individual Psychotherapy Treatment dictated. Multiaxial Diagnosis: Axis I: 307.89 Pain disorder associated with both psychological factors and a general medical condition, chronic. 3053.1 Nicotine Dependence; Axis II: V71.09, no diagnosis; Axis III: Injury to low back – See medical records; Axis IV: Primary support, Occupational, Economic, Social, Educational, Access to Health Care services, Housing, and Psychosocial and Environmental problems; Axis V: GAF – Current: 58; Estimated pre-injury: 80. The claimant has undergone 4 previous individual sessions for smoking cessation before proceeding with surgery. The claimant was anxious during the intake but has presented much calmer and more confident during the individual sessions. Treatment Plan Recommendations: Continue IPT: 4 additional sessions for smoke cessation in order to help the patient maintain and solidify his progress successfully so he can proceed with surgery and heal appropriately.

11-28-12: UR. Reason for denial: The request for individual psychotherapy 1 x wk x 4 wks is not recommended as medically necessary. The claimant's Beck scales are within normal range. The goal of individual psychotherapy is noted to be smoking cessation prior to surgical intervention. Note dated 11/19/12 indicates that the claimant has discontinued his 1 ½ pack of cigarette a day habit. Given that the patient has ceased smoking, no additional individual psychotherapy is supported at this time. Per telephonic consultation, the claimant will be undergoing spinal surgery and has been motivated to stop smoking. He has been tobacco free for about 3-4 weeks now. Medications' include Ambien, Valium and Hydrocodone. Ongoing individual psychotherapy is non-certified at this time.

12-05-12: Follow up Visit. Chief Complaint: Claimant presented with back pain. Assessment: pseudoarthrosis, L3-L4 with spinal stenosis, chronic low back pain and radicular symptoms. Plan for today's visit: Claimant is a candidate for revision fusion and decompression due to stenosis. He has quit smoking. Will claimant see for psychological clearance as well.

12-19-12: UR. Reason for denial: The request for medical necessity of appeal of individual psychotherapy 1 times a week for 4 weeks (90806) lumbar is not certified as medically necessary. The claimant is a male whose date of injury is xx/xx/xx. The claimant has undergone individual psychotherapy x4 and is noted to now have mild anxiety and minimal depression. The claimant has been recommended to continue psychotherapy specifically for nicotine cessation support and maintenance thereof. The claimant is pending surgical intervention for 360 fusion for which smoking cessation was recommended. Reviewer called and spoke, who stated the claimant has been smoke free for the past two months and he thinks that continuation of psychological treatment will help prevent him from smoking again. stated that ODG supported 13 sessions of therapy in this case, and up to 20 if he is diagnosed with depression. The requested individual psychotherapy is not supported at this time given that the claimant's anxiety and depression levels are noted to be mild and minimal respectively and the claimant has been shown to have discontinued his nicotine use at this time. Additionally, ODG pain chapters and mental health and stress chapters do not specifically endorse psychotherapy to prevent smoking. Individual psychotherapy 1 times a week for 4 weeks (90806) lumbar is non-certified.

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

The previous adverse determinations are upheld: 1) The UR performed on 11/28/2012 was correct in concluding Beck scales within in normal range, patient has ceased smoking (tobacco free for 3-4 weeks) and no additional individual psychotherapy is supported at this time,; 2) The UR was correct in concluding claimant has been smoke free for the past two months, claimant's anxiety and depression are mild or minimal, and ODG does not specifically endorse psychotherapy to prevent smoking. Therefore, after reviewing the medical records and documentation provided, the request for Individual Psychotherapy 1 x 4 weeks is not medically necessary and is denied.

Per ODG:

Behavioral treatment	<p>ODG cognitive behavioral therapy (CBT) guidelines for low back problems:</p> <p>Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ).</p> <p>Initial therapy for these “at risk” patients should be physical therapy exercise instruction, using a cognitive motivational approach to PT.</p> <p>Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone:</p> <ul style="list-style-type: none">- 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)
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Psychological treatment	<p>Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient’s pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following “stepped-care” approach to pain management that involves psychological intervention has been suggested:</p> <p><u>Step 1:</u> Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention.</p> <p><u>Step 2:</u> Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy.</p> <p><u>Step 3:</u> Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. See also ODG Cognitive Behavioral Therapy (CBT) Guidelines. (Otis, 2006) (Townsend, 2006) (Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005) See also Psychosocial adjunctive methods in the Mental Illness & Stress Chapter. Several recent reviews support the assertion of efficacy of cognitive-behavioural therapy (CBT) in the treatment of pain, especially chronic back pain (CBP). (Kröner-Herwig, 2009)</p>
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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)**