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Notice of Independent Review Decision

DATE: July 14, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual Psychotherapy 6 sessions over 8 weeks 90837

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
The reviewer is a Licensed Psychologist with 22 years of experience.

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:
10/19/11: EMG report
11/01/11: CT of the Lumbar Spine report
12/05/11: Followup visit
05/02/12: Consultation
06/12/12, 07/25/12, 08/29/12, 10/02/12, 01/16/13: Followup visit
06/17/12: Lab results
07/14/12: Operative report
08/08/12, 08/29/12, 09/11/12, 09/25/12, 03/25/13: Followup visit
08/21/12: Office visit
08/22/12: MRI Lumbar Spine report
10/15/12: Orthopaedic Comprehensive Evaluation
01/15/13: Chronic Pain Management Program Treatment Progress Report
01/15/13: Physical Performance Evaluation
01/17/13: Chronic Pain Management Program Patient Treatment Goals and Objectives
01/22/13: Preauthorization request
03/06/13: Chronic Pain Management Program Discharge Summary
03/28/13: UR performed

03/29/13: Letter
04/01/13: Preauthorization request
04/17/13: UR performed
28 Texas Administrative Code Chapter 180 – Monitoring and Enforcement

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who injured his low back while working on xx/xx/xx. He is status post L3-L4 and L4-L5 bilateral laminectomy/foraminotomy and chronic pain management program.

11/01/11: CT of the Lumbar Spine report. IMPRESSION: Pan lumbar spondylosis with multilevel disc bulges in the disc herniations as described above. Impression on the extraforaminal left L3 nerve root by left lateral disc herniation. Compression both L4 nerve roots in the neural foramina. Broad-based disc at L4-L5 and L5-S1 with impression on both L5 and S1 nerve root.

07/14/12: Operative report. POSTOPERATIVE DIAGNOSIS: L3-L4, L4-L5 herniated nucleus pulposus. L3-L4, L4-L5 radiculopathy. OPERATIVE PROCEDURES: L3-L4, L4-L5 bilateral laminectomy. L3-L4, L4-L5 bilateral foraminotomy.

10/15/12: The claimant was evaluated. He had much improved low back pain and leg pain. He still had numbness in the left leg. Review of his preoperative EMG showed an abnormal EMG on the left side as well as motor examination of some weakness of the left EHL extension and foot dorsiflexion. On exam, he had 5/5 strength in all muscle groups in the lower extremities. DTRs were equal and symmetric. Sensation was intact. PLAN: Followup EMG to look for reversal of the EMG results post surgical. Complete his physical therapy. Return visit in four weeks.

01/15/13: The claimant was evaluated. He reported that he had slightly decreased the use of his hydrocodone but on certain days still took two tablets. PLAN: Continue to assist in improving functional restoration by reduction of reported pain levels by 2 points, reduction of 10 points on the Pain Experience Scale, 4 points on each Subscales of FABQ-R, and 10% on the Oswestry. Continue to decrease Sleep Questionnaire by 8 points. Continue to monitor Nathaniel's narcotic extinction protocol and medication management plan for patient in order to address concerns related to medications. Assist in developing an appropriate vocational plan.

01/15/13: Physical Performance Evaluation. RECOMMENDATIONS: is currently overall functioning in the medium category of work. Our recommendation for this patient would be to continue his lumbar spine treatment protocol as suggested by ODG Guideline; our objective will be to improve his body mechanics, increasing overall endurance, strength, range of motion and decrease pain and pain medication. Patient will benefit from an additional ten days of the chronic pain management program. The chronic pain management will continue to help decrease of pain, pain medication and increase awareness of coping skills. The

program will continue to build strength and reduce fear of tasks that might exacerbate his symptoms along with helping overcome with any psychological issues resulting from his injury.

01/16/13: The claimant was evaluated. His current medications included Lortab 10/500 mg. He stated that he felt his back was getting better. He stated that the Chronic Pain Management Program helped him a lot.

03/06/13: Chronic Pain Management Program Discharge Summary. It was noted that the claimant maintained good attendance in the Chronic Pain Management Program. He reported good symptom relief with hydrocodone and Flexeril. It was noted that he continued to be under the care for medication management. Mention was made that noted on 01/16/13 that the claimant had no return of radicular pain since his surgery. During the Chronic Pain Management Program (CPMP), he was provided with four daily group psychotherapy sessions and individual psychotherapy sessions on a weekly basis. After participating in 20 days of the CPMP, he scored 14 on the physical sub scale and 28 on the work subscale on administration of the Fear Avoidance Beliefs Questionnaire. In comparison to prior scores, there was a 1 point decrease on the physical subscale and a 2 point decrease on the work subscale. BAI scored revealed 11 indicating mild anxiety. Scores had decreased by 1 point when compared to prior score of 12. He reported symptoms of being unable to relax, fear of the worst happening, and hands trembling as moderately being an issue for the past week. He scored 7 on the BDI, putting him in the subclinical range (decreased by 2 points). On the Sleep Questionnaire, he scored a 27, putting him in the mild range. It was noted that during the last treatment phase, he continued to make clinical progress in understanding how his physical symptoms were affected by daily lifestyle choices. It was noted that “with continued support, will allow encouragement to continue to proceed with his academic goals as well as vocational plans.” The next treatment phase would continue to focus on utilizing learned coping skills in order to further decrease his affective scores, encouragement of discontinuation off hydrocodone, while managing pain episodes. It was noted that additional individual treatment would encourage him to practice using learned coping/problem solving skills daily for continuation of building strength/tolerance/endurance/and range of motion for increasing sustained activities. Also, fear avoidance barriers and any negative cognition that may occur related to his increased symptoms of his lumbar spine and overall functioning. TREATMENT GOALS: Continue to decrease BAI by 5 points. Continue to assist in improving functional restoration by reduction of reported pain levels by 3 points, 10 points on the Pain Experience Scale, 5 points on each subscales of FABQ-R, and 10% on the Oswestry. Continue to decrease Sleep Questionnaire by 7 points. Continue to monitor his narcotic extinction protocol and medication management plan. Continue to assist in developing an appropriate vocational plan.

03/25/13: The claimant was evaluated. He noted a pain level of 3-6.5/10. He noted increased pain over the past month in the lumbar spine with increased radicular symptoms into the left lower extremity and somewhat into the right upper quad. The radicular complaint was intermittent but increasing with frequency and

intensity. He felt stiffness in the lumbar spine to a greater degree than before. Medication management helped as well as participation in the chronic pain management program, continuation of his home exercise program, use of heat and cold packs, and massage. On exam, he had point tenderness in the bilateral lumbar paraspinals. Trunk strength was 5-/5. He had some alteration in proper body mechanics at extreme range of motion for extension and flexion. Left Achilles reflex +1/+4, all other reflexes +2/+4. The plan was to follow up in 30 days and remain off work for 30 days.

03/28/13: UR performed. REVIEWER COMMENTS: The clinical documentation submitted for review evidences the patient recently completed a chronic pain management program status post a work-related injury and subsequent surgical interventions to his lumbar spine. The provider is documenting that the patient is presenting with sublevel presentation of decompression and mild anxiety; however, is still recommending the patient utilize individual psychotherapy of 6 sessions 2 times a month times 3 months. The provider is documenting goals to decrease the patient's BAI, BDI, pain experience scale, and sleep questionnaire by a certain number of points after 6 sessions. The clinical notes evidence the patient had a drop in his BAI score of 1 point status post 20 sessions of chronic pain management program and 2 points drop in his BDI testing. Given the lack of significant objective improvements to the patient's scores via psychological testing, the current request is not supported. Additionally, the patient does not present with significant psychological overlay to support continued psychological interventions.

03/29/13: Letter. Ms. notes that most recent evaluation of 03/25/13 noted the claimant to have noticed an increase in pain level in the lumbar spine with increased radicular symptoms. She stated that this would indicate medical treatment to be pending. She comments that the claimant had continued to make clinical progress in understanding how his physical symptoms were affected by daily lifestyle choices. He had improvement in active coping efforts and had responded to supportive group therapy. Ms. noted that continued support would allow encouragement to continue to proceed with his academic goals as well as vocational plans. The next treatment phase would continue to focus on utilizing learned coping skills in order to further decrease his affective scores, encouragement of discontinuation of hydrocodone, while managing pain episodes. It was noted that this clinician will also continue to encourage learned assertiveness skills that have enabled him to express his needs within family and medical professionals. Additional individual treatment would "encourage to proactive using learned coping/problem solving skills daily for continuation of building strength/tolerance/endurance/and range of motion for increasing sustained activities. Also fear avoidance barriers and any negative cognition that may occur related to his increased symptoms of his lumbar spine and overall functioning."

04/17/13: UR performed by PhD. REVIEWER COMMENTS: Per telephone consultation, the patient recently finished a chronic pain management program. The patient wants to return to work but is also applying for social security

disability. The patient's psychological indicators are within normal limits. Therefore, the previous denial is upheld.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION: The previous adverse decisions are upheld. There is no documentation submitted to meet ODG criteria of evidence of objective functional improvement after initial trail of 6 visits over 6 weeks. There is no evidence of complex mental disorder warranting continued psychological treatment. Therefore, the request for Individual Psychotherapy 6 sessions over 8 weeks 90837 is not medically necessary and is not certified.

ODG:

Behavioral interventions	**ODG Psychotherapy Guidelines:** - Initial trial of 6 visits over 6 weeks - With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions) Extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials. Although short-term psychotherapy is effective for most individuals experiencing acute distress, short-term treatments are insufficient for many patients with multiple or chronic mental disorders or personality disorders. (Leichsenring, 2008)

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)**