



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: 3/8/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of Individual Psychotherapy 6 sessions over 6 wks, 90806.

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

The reviewer is a Licensed Psychologist who is board certified in psychology.

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 6 sessions over 6 wks, 90806.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

Texas Department of Insurance, Nueva Vida Behavioral Health, & Travelers Indemnity Co.

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

Travelers Insurance Co
Denials- 1/21/13, 2/12/13

Records reviewed from Nueva Vida Behavioral Health
Nueva Vida Behavioral Health
Letter by, M.S., L.P.C.- 2/1/13
Treatment Progress Report- 1/9/13
, M.D.
Orthopaedic Comprehensive Evaluation- 11/7/12
, D.C.
Office Notes- 11/29/12, 11/15/12, 10/31/12

Records reviewed from Travelers Indemnity Co.
Allmed Review Services Inc.
IRO Review for Pain Management- 8/22/12

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

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was reportedly injured on xxxxx when she slipped and fell while employed as a . After the injury she did not work for two weeks, and was subsequently laid off from her job. She has been treated with physical therapy, injections, surgery, medications, and psychotherapy. She is diagnosed with Lumbar Displacement, Pain Disorder, Major Depressive Disorder, and Generalized Anxiety Disorder Due to General Medical Condition.

As of January 9, 2013, the patient had completed 12 sessions of psychotherapy. At that time, psychological screenings suggested that the patient was reporting increased pain level, increased fear avoidance beliefs regarding work and no change in beliefs regarding physical activity, increased affective distress related to pain level, increased depression and anxiety symptoms, increased sleep disturbance, and increased pain-related disability with regard to conducting her Activities of Daily Living. A request for six sessions of individual psychotherapy was submitted and subsequently denied by Dr. Corey Fox. Ms. Andrea Zuflacht submitted a "Response to Denial Letter" on February 1, 2013. In the letter, Ms. Zuflacht reported that the patient's pain and distress have increased due to the severity of her symptoms and that approval of lumbar surgery was pending approval. A reconsideration request submitted on February 12, 2013 was denied by Dr. after a peer to peer conversation with .

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

Recommend denial of requested services. The patient is diagnosed with Lumbar Displacement, Pain Disorder, Major Depressive Disorder, and Generalized Anxiety Disorder Due to General Medical Condition. She completed 12 sessions of individual psychotherapy as of January 9, 2013. Psychological screenings administered at that time indicated

increased pain level, increased fear avoidance beliefs regarding work and no change in beliefs regarding physical activity, increased affective distress related to pain level, increased depression and anxiety symptoms, increased sleep disturbance, and increased pain-related disability with regard to conducting her ADLs.

The request for six sessions of cognitive-behavioral individual psychotherapy does not meet the recommendations of the ODG. The submitted documentation does not provide any evidence of “objective functional improvements.” The patient is reporting increased psychological distress, pain, and pain-related disability. Specifically, the current Pain Chapter of the Official Disability Guidelines (ODG) updated 02/18/2013, subheading Behavioral Interventions, recommends an “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).” The request for six sessions of individual psychotherapy does not meet current ODG recommendations for psychological treatment.

VI. REFERENCES

Official Disability Guidelines, Pain Chapter, Behavioral Interventions Subchapter

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 GUIDEES
- TMF SCREENING CRITERIALIN MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)