

Notice of Independent Review Decision

DATE OF REVIEW: April 30, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Individual psychotherapy 1 x6 weeks

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

This case was reviewed by a physician who holds a board certification in Psychiatry and Neurology.

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Type of Document Received	Date(s) of Record
A behavioral medicine intake update by, LPC	02/27/2013
A pre-authorization request from Injury 1 of by, MD	03/07/2013
A letter regarding adverse determination by PhD	03/12/2013
A letter regarding adverse determination	03/12/2013



**MEDICAL EVALUATORS
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from Review Med	
A reconsideration for pre-authorization request from Injury 1 of by MD	03/14/2013
A letter regarding adverse determination from Review Med	03/28/2013
Follow up note nu MD	04/06/2013
An IRO request for the denied services of "Individual psychotherapy 1 x6 weeks"	04/11/2013

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a female who sustained injury to her lower back on xx/xx/xx while she was employed as a xx with xx. She was cleaning a room and then went into bathroom when she slipped and fell on a wet floor sustaining injury to her lower back with pain radiating to her left leg. She was taken to the ER, x-rays done and was given medications. She was seen by Dr. and was treated with physical therapy without much relief. She continued to report constant burning and aching pain in her lower back that interfered with her activities of daily living and social functioning. She also reported decreased appetite, insomnia, and moderate depression with anxiety. She is also under care of Dr.. She then had a behavior assessment done and was recommended 6 sessions of individual therapy.

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

This case centers on a woman who experienced an accident and in the course of treatment was discovered to have chronic major depression and a severe anxiety disorder, which affected all her daily functioning. She was recommended for six therapy sessions following the accident to address her chronic conditions with minimal success.

Her response to treatment is not an issue here, nor the type of insurance she had, but whether it was medically necessary for her to receive medical care for her psychiatric conditions. Her diagnosis, chronic major depression with severe anxiety disorder was serious enough to warrant six psychotherapy sessions, moderate by any professional standards, and is in accordance with accepted medical standards as defined by the American Psychiatric Association, ODG, and the AMA, and this reviewer finds it was medically necessary care. The reason for the denial was that she had not progressed in therapy. A patient's response to therapy is individual and varies for the same condition from patient to patient. The service provider may be skilled or not, but her medical need for the therapy sessions is validated by the medical records and supported by her care,

Additionally, the providers acted appropriately as someone with this symptom pathology with a sudden injury could decompensate into a more chronic condition with complications.

The only issue here is did her diagnosis require six medical psychotherapy sessions and all of the professional literature supports at least this level of care for these medical conditions. I am over turning the decision to deny her the medical care for psychiatric conditions.



ODG Criteria for Psychotherapy:

Recommended as indicated below. Providers should explain to all patients with PTSD the range of available and effective therapeutic options for PTSD. Cognitive Therapy (CT), Exposure Therapy (ET), Stress Inoculation Training (SIT), and Eye Movement Desensitization and Reprocessing (EMDR) are strongly recommended for treatment of PTSD in military and non-military populations. EMDR has been found to be as effective as other treatments in some studies and less effective than other treatments in some other studies. Imagery Rehearsal Therapy [IRT] and Psychodynamic Therapy may be considered for treatment of PTSD. Patient education is recommended as an element of treatment of PTSD for all patients. Consider Dialectical Behavioral Therapy (DBT) for patients with a borderline personality disorder typified by parasuicidal behaviors. Consider hypnotic techniques especially for symptoms associated with PTSD, such as pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used. Specialized PTSD psychotherapies may be augmented by additional problem specific methods/services and pharmacotherapy. Combination of cognitive therapy approaches (e.g., ET plus CT), while effective, has not proven to be superior to either component alone. Specific psychotherapy techniques may not be uniformly effective across all patients. When selecting a specific treatment modality, consideration of patient characteristics such as gender, type of trauma (e.g., combat vs. other trauma), and past history may be warranted. Patient and provider preferences should drive the selection of evidence-based psychotherapy and/or evidence-based pharmacotherapy as the first line treatment. Selection of individual interventions should be based upon patient preference, provider level of skill and comfort with a given modality, efforts to maximize benefit and minimize risks to the patient, and consideration of feasibility and available resources. Psychotherapies should be provided by practitioners who have been trained in the particular method of treatment, whenever possible. A stepped care approach to therapy administration may be considered, though supportive evidence is lacking. Psychotherapy interventions are aimed at reduction of symptoms severity and improvement of global functioning. However, the clinical relevance and importance of other outcome indicators (e.g., improvement of quality of life, physical and mental health) are not currently well known. (VA/DoD, 2004)

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)



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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)**

TREATMENTS OF PSYCHATTRIC DISORDERS - American Psychiatric Association
(VOL 1111989 PG 1822-1838)

"Two separate studies (Kovacs et al 1981; Weissman et at. 1981) found that acutely depressed patients who had received psychotherapy alone and in combination with pharmacotherapy were doing better one year after treatment that those who received only pharmacotherapy."



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"To summarize (pg 1822) the most recent efficacy data, that is some suggestion that psychotherapies and pharmacotherapy's are approximately equivalent for the milder depressions and that the psychotherapies may even be superior....." "There is some evidence from one and two year follow up studies for the long term effects of psychotherapy."

Pg 1829 - "the burden of therapy and cure rests on the patients shoulders"

Page 1838 - "In one preliminary study with moderately to severely depressed outpatients, fewer dropouts and greater symptom reduction was found with twice weekly rather than with once a weekly treatment," "Experienced cognitive therapists recommend that session frequency be guided by the severity of the depressive symptoms (greater symptomatology requires more frequent treatment)"