



Specialty Independent Review Organization

Notice of Independent Review Decision

Date notice sent to all parties: 8/21/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of individual psychotherapy 1 x a week for 4 weeks.

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

The reviewer is a PhD who is a Licensed Psychologist.

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 1 x a week for 4 weeks.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed:

Utilization Review Worksheets – 7/2/13, 7/25/13, 8/9/13
Utilization Review Determination Adverse Determination – 7/8/13, 8/1/13

Non-Certification Report – 7/8/13

Behavioral Health Treatment Pre-authorization Request – 7/2/13
Patient Facesheet – 7/2/13, 7/25/13

Individual Counseling Script – 5/7/13
Individual Psychotherapy Note – 6/27/13
Reconsideration Behavioral Health Treatment Pre-auth Request – 7/22/13
Reconsideration Behavioral Health Individual Psychotherapy Pre-auth
Request – 7/22/13

Follow-up Note – 6/28/13

Peer Addendum – 12/19/12

DDE Report – 7/18/13

Department of Insurance:

Commissioner Order – 7/16/13

DDE Data Report – 7/25/13

Medical Necessity Review Report – undated

Records reviewed:

LHL009 – 8/5/13

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

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was injured on xx/xx/xx. She also hit a concrete floor and was taken by ambulance to the ER. To date, she has been treated with x-rays, MRIs, physical therapy, injections, medications, six sessions biofeedback and 16 sessions of individual psychotherapy. Her current medical diagnoses are strain and sprain of the lumbar and cervical spine.

The most recent psychotherapy note, dated June 27, 2013 indicated that the claimant was reporting a pain level of 8/10. The claimant was diagnosed with a Pain Disorder Associated with Psychological Factors and a General Medical Condition and was prescribed Cymbalta, Ibuprofen, Lyrica, Skelaxin, and Terocin. At that time, improvement in pain levels, increased activity and energy were attributed to “injections.” also noted that the claimant was demonstrating increased use of coping mechanisms, implementing improved use of progressive muscle relaxation, communicating better with providers and caseworkers, and demonstrated an overall higher level of motivation. At that time, four additional sessions of individual psychotherapy were requested to further reduce low mood, decrease psychological distress, and increase use of coping strategies.

After sixteen sessions of individual psychotherapy and six sessions of biofeedback therapy, the claimant is reporting no change in VAS ratings for pain or depression. She reports decreased muscle tension, scores on the Beck Depression Inventory and sleep problems. Furthermore, she endorses increased

VAS scores for irritability, frustration, anxiety, and increased Beck Anxiety Inventory scores.

A request for four sessions of individual psychotherapy was submitted and subsequently denied after a peer-to-peer conversation on July 2, 2013. A reconsideration request submitted July 22, 2013 was denied after a peer to peer conversation on July 25, 2013.

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

The claimant has completed 16 sessions of individual psychotherapy and six sessions of biofeedback therapy. The claimant reports improvement in Beck Depression Inventory scores, sleep, and muscle tension; however, she reports no change in pain level or depression and increased irritability, frustration, anxiety, and Beck Anxiety Inventory scores. The request for four additional sessions of cognitive-behavioral individual psychotherapy does not meet the recommendations of the ODG; therefore, the request is not medically necessary.

While the ODG does recommend psychotherapy in the treatment of chronic pain, the current request exceeds the current recommendations of the ODG. Specifically, the current Pain Chapter of the Official Disability Guidelines (ODG) updated 06/07/2013, subheading Psychological Treatment, states that psychotherapy is "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." With regard to the recommended number and frequency of sessions, the Behavioral Interventions subchapter of the ODG recommends an "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)." The request for four additional sessions of individual psychotherapy is excessive, not reasonable or necessary, and does not meet the current ODG recommendations for psychological treatment.

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)**