Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax: 877-738-4395

Notice of Independent Review Decision

Date notice sent to all parties: 09/11/13

IRO CASE#:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Six sessions of individual psychotherapy

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

Licensed by the Texas State Board of Examiners of Psychologists

REVIEW OUTCOME:

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

X Upheld (Agree)

O Overturned (Disagree)

O Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Six sessions of individual psychotherapy- Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Medical Services referral form dated 06/26/13
Initial Behavioral Medicine Assessment dated 07/03/13
Preauthorization requests dated 07/11/13 and 07/24/13

Notices of Review Determinations dated 07/16/13 and 08/23/13
Reconsideration Request from Mr. dated 07/24/13
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

On 06/26/13, referred the patient for a smoking cessation program. performed an initial behavioral medicine assessment on 07/03/13. It was noted she was injured on xx/xx/xx and sustained injuries to her lumbar spine, right arm, right shoulder, right wrist, right hand, and left knee. had requested the evaluation to determine her suitability for behavioral medicine treatment, as well as a smoking cessation program to allow further surgery to have a better change being successful. She had trouble sleeping and admitted to smoking more than one pack of cigarettes a day. BDI testing revealed minimal depression and BAI testing revealed minimal anxiety. Six sessions of individual psychotherapy were recommended at that time. On 07/11/13, requested individual psychotherapy once a week for six weeks. On 07/16/13, provided an adverse determination for the requested six sessions of individual psychotherapy. On 07/24/13, requested a reconsideration of the individual psychotherapy once a week for six weeks. He noted the patient's injury was xx years old and she had multiple surgeries to her neck, low back, wrist, shoulder, and knee and noted she took Diazepam, Hydrocodone, Oxycontin, and Soma. It was noted the treatment plan was to primarily address smoking cessation, as she was going in for her seventh surgery. She had attempted previous smoking cessation without success. On 08/23/13, provided another adverse determination for the requested six sessions of individual psychotherapy.

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

According to the documentation, the patient sustained a work related injury to her back, shoulder, knee, arm, hand, and wrist on xx/xx/xx. She had undergone six surgeries since her initial injury and a seventh surgery for continued back pain was planned. Her surgeon, had recommended smoking cessation counseling to stop smoking 60 days prior to her upcoming surgery. His reasoning for this was to promote healing after she completed the surgery. Smoking cessation is not addressed and is not in the scope of the Official Disability Guidelines (ODG). The patient reports no clinically significant psychological problems either before or after her work sustained injury. She was administered the BDI and received a score of 5. She was administered the BAI and received a score of 15. These scores indicate that she is reporting minimal emotional distress. Therefore, it is not warranted for her to undergo individual psychotherapy. Moreover, the Centers for Medicare and Medicaid Services CMS have guidelines that recommend "counseling for a patient who has a disease or an adverse health effect that has been found by the U.S. Surgeon General to be linked to tobacco use or who is taking a therapeutic agent whose metabolism or dosing is affected by tobacco use as based on FDA-approved information." Regarding this patient, in reviewing her medical records provided, there is no evidence to support that her current medical condition is in any way related to her nicotine dependence. Moreover, the British Medical Journal has indicated that the first line treatment for nicotine dependence is medication in conjunction with participating in a support group such as Nicotine Anonymous. Therefore, the requested six sessions of individual psychotherapy are not appropriate or medically necessary and the previous adverse determinations should be upheld at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

O **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**

O **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**

O **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**

O **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**

O **INTERQUAL CRITERIA**

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

O MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

O MILLIMAN CARE GUIDELINES

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

O PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

O TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

O TEXAS TACADA GUIDELINES

O TMF SCREENING CRITERIA MANUAL

O PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Centers for Medicare and Medicaid Services
CMA, the British Medical Journal, 1999, February 27, 318 (7183); 562