

# Core 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jan/28/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** individual psychotherapy 1 x 4

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

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion of this reviewer that the request for individual psychotherapy 1 x 4 is not recommended as medically necessary.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
MRI of the lumbar spine dated 06/04/10  
MRI of the lumbar spine dated 06/03/13  
Clinical note dated 06/26/13  
Clinical note dated 08/01/13  
X-rays of the lumbar spine dated 07/02/13  
Clinical note dated 10/08/13  
Clinical note dated 11/12/13  
Clinical note dated 11/18/13  
Clinical note dated 12/24/13  
Adverse determinations dated 12/16/13 & 01/03/14

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a female who initially presented with complaints of low back pain. The patient also reported radiating pain into both lower extremities along with numbness, tingling, and weakness in the left lower extremity. The patient rated the pain as 6/10 at that time. Upon exam, the patient was able to demonstrate 60 degrees of lumbar flexion, 20 degrees of extension, and 10 degrees of bilateral lateral flexion. Strength deficits were noted in both quadriceps, hamstrings, and EHLs that were rated as 4/5. The patient was also noted to have a Patrick's test bilaterally. The note does mention the patient having undergone a spinal cord stimulator trial which resulted in good pain relief. The clinical note dated 11/18/13 mentions the patient stating the initial injury occurred when she slipped on a piece of soap while walking into a bathroom. The patient stated that she fell on the edge between the floor and the shower. The patient did note a loss of consciousness. The initial incident occurred in xxxx. The note mentions the patient having undergone a laminectomy in the lumbar region in 1994. The patient also was noted to have undergone a fusion at the L4-5 level. The patient was also noted to have undergone a

chronic pain management program in 2010. The patient was also noted to have sustained a motor vehicle accident in xxxx. Upon exam, the patient was noted to have scored a 31 on her BDI-2 exam indicating severe depression. The patient scored a 40 on her BAI exam indicating severe anxiety. The patient was also noted to have scored a 42 on her FABQ-W and a 24 on her FABQ-PA revealing significant fear avoidance. The patient was recommended for cognitive behavioral therapy at that time. The clinical note dated 12/24/13 mentions the patient having complaints of insomnia, fatigue, diminished interest, and irritability. The patient was further recommended for individual psychotherapy at that time.

The utilization review dated 12/16/13 resulted in a denial for individual psychotherapy as the patient was noted to have been afforded extensive treatments to include participation in a chronic pain management program to address the ongoing symptomology.

The utilization review dated 01/03/14 resulted in a denial for individual psychotherapy as there was a lack of correlation between the patient's depression and the injury.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The documentation submitted for review elaborates the patient complaining of significant anxiety, depression, and fear avoidance. Inclusion into an individual psychotherapy program would be indicated provided the patient meets specific criteria to include severe findings of depression and anxiety. However, it is unclear at this time as to the direct correlation between the patient's ongoing symptomology involving depression, anxiety, and fear avoidance in relation to the initial injury in xxxx. Furthermore, the patient is noted to have undergone extensive treatment to include inclusion into a chronic pain management program to address the symptomology. Given this, the use of individual psychotherapy in relation to the patient's initial injury in xxxx is not indicated as medically necessary. As such, it is the opinion of this reviewer that the request for individual psychotherapy 1 x 4 is not recommended as medically necessary.

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

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE

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)