AccuReview

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Notice of Independent Review Decision

[Date notice sent to all parties]: July 7, 2014 (Amended July 25, 2014)

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy 1 x 6 weeks

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

This physician is Board Certified in Psychiatry with over 26 years of experience.

REVIEW OUTCOME:

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

☒ Upheld (Agree)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
04-21-14: Request for services
05-19-14: Initial Behavioral Medicine Assessment
05-20-14: Behavioral Health Treatment Pre-Authorization Request
05-23-14: UR =
06-09-14: Reconsideration: Behavioral Health Treatment Pre-authorization Request
06-12-14: UR

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who suffered a sprain of leg after twisting his knee on xx/xx/xx. The claimant has had 2 denials for OATS procedures. The assessment was that there was no injury and an underlying condition became symptomatic at work.

05-19-14: Initial Behavioral Medicine Assessment. Present medications: Tramadol, muscle relaxer, and hydrocodone but he stated he has not taken any in the last 10 days, and zyrtec. The claimant rated his level of overall functioning in life prior to the injury at 100% and rated his current level of functioning at 30%. The claimant endorsed both initial and sleep maintenance insomnia (difficulty falling asleep and frequent awakenings per night due to pain). Mental Status Exam/Clinical Observation/PSRS: Mood was dysthymic and affect was constricted. BAI – 6, reflecting minimal anxiety and BDI-II – 16, indicating mild depression. FABQ-W=42, cut-off is 29, which showed significant fear avoidance of work as well as significant fear avoidance of physical activity in general, FABQ-PA=24, cut-off is 13. After evaluating these components, the claimant endorsed fear avoidance of both physical activities in general, as well as of work. The claimant endorsed 8 out of 9 DSM-5 symptoms for Major Depressive Episode as present for most of the day, nearly every day, for greater than 2 consecutive weeks. Diagnosis: 296.22 Major depressive Disorder, moderate, 300.82 Somatic Symptom Disorder, with predominant pain, persistent, moderate. Secondary problem areas identified that are impacting his recovery include: Based on the information gathered through the initial interview with our offices and the claimant's emotional presentation and verbal report, we would determine that the work accident pain and ensuring functional limitations have caused the claimant's disruption in lifestyle, leading to poor coping and maladjustment and disturbances in sleep and mood. The claimant appears to have been functioning independently prior to the work injury of DOI: xx/xx/xx. Treatment Recommendations: The initial evaluation that was completed in our office suggests that the claimant would greatly benefit from a brief course of individual psychotherapeutic intervention using CBT approaches and basic self-management strategies coupled with autogenic exercises to facilitate a healthy adjustment and improve coping with their overall condition. This should assist the claimant in developing tools and skills for the management of their injury-related disturbances in mood and sleep. The claimant should receive immediate authorization for participation in a low level of individual psychotherapy for a minimum of 6 weeks.

05-23-14: UR. Reason for denial: Recommend adverse determination. The peer review assessment is that the claimant has a significantly degenerated knee that became symptomatic at work one day. There was a recommendation for no additional treatment under workers compensation. There are no identifiable psychological conditions that would reasonably be present in this case to require individual psychotherapy. The claimant has objectively identifiable knee pathology. Until this is addressed surgically, his symptoms will persist. The question now is whether or not knee surgery will or will not take place under workers compensation. But this is not a case of delayed recovery. Thus there is no compelling reason to suspect that individual psychotherapy will affect this claimant's current clinical course. Recommendation is unchanged.

06-09-14: Reconsideration: Behavioral Health Treatment Pre-authorization Request. The adverse determination was based only on the accepted diagnosis (L-knee sprain/strain, bilateral wrist sprain/strain, ICD 844.9 & 842.00 the claimant has reached the "at risk of delayed recovery point" and does qualify for behavioral

interventions. At the time of the psychological evaluation, the claimant was considered for delayed recovery. Thus there is no compelling reason to suspect that individual psychotherapy will affect this claimant's current clinical course. Therefore, this request was a wrongfully denied and further denial will serve only to protract this claimant's recovery.

06-12-14: UR. Reason for denial: The claimant presented with a low Beck depression and anxiety score noted that he satisfies criteria for major depressive episode however, there is no supporting evidence for this claim. In relation to the lack of apparent compensable injury, and the proffered metrics, the requested service cannot be authorized. Recommend adverse determination.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The previous adverse determinations are upheld and agreed upon. The claimant is a male that suffered a knee sprain on xx/xx/xx. The initial assessment stated there was no injury and an underlying condition became symptomatic at work. After reviewing the medical records and documentation provided, there are no clear indications or supporting evidence that would indicate individual psychotherapy sessions for this claimant at this time. The ODG criterion is not met and the requested service is not authorized or medically necessary. Therefore, the request for Individual Psychotherapy 1 x 6 weeks is denied.

Per ODG:

Behavioral treatment	**ODG cognitive behavioral therapy (CBT) guidelines for low back problems:** Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical therapy exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone: - 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) - Psychotherapy visits are generally separate from physical therapy visits, and psychotherapy may be appropriate after physical therapy has been exhausted **ODG Psychotherapy Guidelines (if mental diagnosis):** - Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) - In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. See the Mental Chapter.

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)**