



Specialty Independent Review Organization

Notice of Independent Review Decision

Date notice sent to all parties: 3/23/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of 6 additional sessions of individual counseling with focus on chronic pain management for symptoms r/t lumbar spine injury as an outpatient.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation.

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 6 additional sessions of individual counseling with focus on chronic pain management for symptoms r/t lumbar spine injury as an outpatient.

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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured worker was injured on xxxxxx while pulling a pipe from left to right, rotating his spine, when he experienced the sudden onset of back pain referred down the left leg. He had primary treatment but failed to improve with

conservative management alone. MRI of the lumbar spine on 07/10/2013 was reported to show disc bulging at L2-S1. Findings on electrodiagnostic studies were reported to be consistent with left S1 radiculopathy. Further treatment included six individual psychotherapy sessions in August 2013, lumbar epidural steroid injections in October and November 2013, and follow up with a pain specialist. A Designated Doctor found the injured worker not to be at MMI.

The authorized individual psychotherapy sessions dealt with training to identify, express and process negative feelings, training in relaxation and breathing techniques, education in the physical and emotional aspects of trauma, training to cope with trauma with less avoidance and denial. The sessions dealt with financial concerns, sleep challenges, workers comp questions, nutritional guidelines for pain management, and other matters.

referred the worker for a Behavioral Evaluation Report. The report was submitted November 1, 2013. In the evaluation the worker graded the average pain level at 7. The PAIRS score was 83, indicating an elevated range of impairment. The BDI-II score was 51, in the moderate range for depression. The BAI score was 29, in the range for severe anxiety. The GAF score was reported to be 65.

Based on the findings the examiner recommended the following:

- Review and monitoring by a medical consultant.
- Follow-up limited diagnostic mental health evaluation to monitor symptom progress and the worker's response to planned and requested treatment.
- Individualized outpatient treatment modalities with counseling sessions weekly.

On December 16, 2013, submitted a Preauthorization Request for 6 more individual psychotherapy sessions in order to help prepare the worker to move forward with life, to shift focus from what he can do as opposed to what he cannot, to correct his self-image of disability, and to establish the safe boundaries of activities. noted that the worker had physical findings consistent with a diagnosis of left lumbar radiculitis.

On December 23, 2013 the requested sessions were non-authorized. The decision was appealed on January 7, 2014 and the non-authorization was upheld January 15, 2014.

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

The injured worker meets the criteria for chronic pain with delayed recovery. According to the ODG Integrated Treatment/Disability Duration Guideline, Pain (Chronic) (updated 03/18/14) pertaining to Behavioral Interventions:

Recommended: The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Several recent reviews support the assertion of efficacy of cognitive-behavioral therapy (CBT).

ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ) in the Low Back Chapter.

Initial therapy for these “at risk” patients should be physical therapy for 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)

With severe psych comorbidities (e.g., severe cases of depression and PTSD) follow guidelines in ODG Mental/Stress Chapter.

The reviewed records do not provide evidence of objective functional improvement in response to the six treatment sessions. Therefore, although injured workers are entitled to treatment for chronic pain with delayed recovery, the medical necessity of the 6 *additional* sessions of individual counseling with focus on chronic pain management for symptoms related to lumbar spine injury as an outpatient is not supported by the clinical information provided for this review.

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)