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Notice of Independent Review Decision

DATE OF REVIEW: August 28, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual psychotherapy, six sessions, CPT 90837.

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

M.D., Board Certified in Psychiatry.

REVIEW OUTCOME

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

Upheld (Agree)

Overtured (Disagree)

Partially Overtured (Agree in part/Disagree in part)

I have determined that the requested individual psychotherapy, six sessions, CPT 90837 is medically necessary for the treatment of the patient's medical condition.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was involved in a work-related injury on xx/xx/xx. On that date, he was injured when his vehicle flipped. He sustained injuries to the face, left hip, left shoulder and left leg. He was evaluated at the request of the attending physician for an initial diagnostic screening for physical/somatic symptoms or psychophysiological symptoms related to his affect. His scores on the Pain Experience Scale, Beck Depression Inventory, Beck Anxiety Inventory and Sleep Questionnaire were in the moderate-severe/serious categories. On the Pain Experience Scale, he scored an 86, indicating a severe/extreme reaction to his pain when the symptoms are the most severe. On the McGill Pain Questionnaire, he scored a 4, indicating mild to moderate pain. He described his pain as shooting, tearing, suffocating and heavy. He reported that the pain was frequent and the pain severity was distressing. A request has been submitted for individual psychotherapy, six sessions, CPT 90837.

The URA indicated that the patient did not meet Official Disability Guidelines (ODG) criteria for the requested services. Specifically, the initial denial stated that the patient had been approved for scar revision. The URA noted that the assessment was made to have the patient reevaluated after the scar revision is undertaken to see what psychological issues might still be present. On appeal, the URA noted that inadequate data exists to suggest that the patient has enough behavioral manifestations of depression or post-traumatic symptoms to suggest that the requested treatment will render any efficacious result.

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

The ODG criteria states that patients should be screened for risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these at risk patients should be physical therapy exercise instruction using a cognitive motivational approach to physical therapy. The ODG recommend consideration of separate psychotherapy cognitive behavioral therapy referral after four weeks if there is a lack of progress from physical therapy alone. This patient has already undergone physical therapy and continues to have severe pain and fear avoidance beliefs. He has been found to have risks of delayed recovery to include fear, chronic pain, depression, anxiety and insomnia. There does not appear to be any relationship between the patient's facial scar and his level of pain. All told, requested individual psychotherapy, six sessions, CPT 90837 is medically indicated for the treatment of this patient.

Therefore, I have determined the requested individual psychotherapy, six sessions, CPT 90837 is medically necessary for treatment of the patient's medical condition.

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 JUDGMENT, 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)