

DATE: 09.08.14

Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 09/08/14

IRO CASE #:

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

The reviewer is a licensed Texas psychologist

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Six sessions of individual psychotherapy over an eight-week period

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)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
309.28	90837		Concurrent				Xx/xx/xx		Overturned

PATIENT CLINICAL HISTORY (SUMMARY):

His initial preoperative review submitted was denied on 07/01/14. On 06/30/14, they spoke with LPC, who had requested treatment to address psychosocial stressors and smoking cessation with respect to a possible removal of hardware procedure. She was not aware that the claimant attended a chronic pain program in 2013. She recommended adverse determination since the claimant had completed a tertiary chronic pain program without any clear improvement in his overall condition and it was unclear if he would benefit from a lower level of care in light of his lack of progress with more intensive treatment. The appealed preoperative authorization appeal submitted was denied on 07/29/14. placed two calls to the provider with no return call received. It was noted that the claimant had been through a chronic pain management program in 2013, which would have included a group psychotherapy component. In addition, he presented a very low Beck Depression Inventory and Beck Anxiety Inventory score. did not see the medical necessity for providing services under the Official Disability Guidelines. On 07/28/14, filed a Letter of Response to Denial of 07/01/14. They clarified several items while addressing the denial. The letter states that the claimant was referred to their office by his treating physician for initial limited diagnostic screening for anxiety, agitation, depression, significant mental stress, physical somatic symptoms, or psychophysiological symptoms related to the claimant's affect. The recommendations were based on the psychological/emotional aspect of the injury, the treatment history, and response to treatment, and psychosocial stressors that may be hindering expected recovery. Their office received a prescription referral on 05/23/14. On the previous medical note, the claimant was recommended to move forward with a second orthopedic consultation for potential hardware removal. The consultation is still pending. The claimant completed the following assessment: Patient pain drawing, McGill Pain Questionnaire, a fear-avoidance beliefs questionnaire, and a sleep questionnaire were all in the moderate-to-severe/serious categories. He also completed the Beck Depression Inventory, the Beck Anxiety Inventory, and pain experience scale. The claimant reported that his work aggravated his pain. It was also noted that the claimant had not participated in individual psychotherapy counseling for his work injury and only participated in group sessions when completing the rehabilitation chronic pain management program in 2013. Initial diagnostic screening report of 05/05/14. Initial medical evaluation on xx/xx/xx, the claimant went to the hospital and was told that he had pulled discs and damaged nerves. Followup evaluations were made on 02/15/11 through 06/07/11. He was denied translaminal epidural steroid injections and trigger point injections twice by his insurance company even though he met with the Official Disability Guidelines. On 07/06/11, increases in OxyContin to 80 mg four times per day improved his condition significantly. His urine drug test was positive for opiates, marijuana, and Oxycodone. On 01/22/13, he returned to the clinic for an evaluation of medical branch blocks of the cervical facets. The claimant elected to proceed with these injections at that time and proceeded with radiofrequency lesioning of the cervical facets. The pain worsened with sudden

movements of the head. He agreed to proceed with the ultrasound-directed steroid blocks to both wrists in the office. On 06/11/13, a cervical MRI scan was ordered because he met with the following criteria: The claimant was exposed to physical therapy after the initial start of pain; he had both analgesics and narcotics without resolution of pain; his neck pain continues to be severe and radicular in nature; he continues to have paraesthesias, numbness, and tingling; and he has failed conservative therapy. No records indicate if he went through with the MRI scan or the results of the MRI. On 12/20/13, repeated attempts to obtain authorization for a cervical ESI had met with failure. The claimant dropped objects from his left hand due to chronic weakness. The pain improved with rest, sleeps, and analgesics. On 01/17/14, the claimant was interested in reducing his dosages of medication and wished to see a surgeon soon to have his hardware removed. He continued to have significant pain with radicular symptoms into both arms at times. He tested positive for tinnitus noise, THD. On 02/28/14, the claimant tried transdermal fentanyl patches but found that they break out his skin. The condition improved with no complication with OxyContin. From 03/10/14 to 05/05/14, the claimant wished to remain on methadone since it caused less somnolence than Oxycodone and he continued to complain of neck pain with cervical radiculopathy. The pain exacerbates when it rain. He wishes to increase his dose of methadone to 20 mg three times per day, which will be allowed. His pain level is 7/10, taking Norco and methadone.

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

Upon independent review, I find that the previous adverse determination should be overturned. The claimant has had no previous psychological or psychiatric treatment even though he went through a chronic pain management program in 2013 which would have included a group psychotherapy component. He still reports significant and worsening pain. Due to said pain, he reports experiencing mild-to-moderate depression and anxiety symptoms. He would benefit from individual psychotherapy in order to better identify and reinforce coping skills that may seem useful in the treatment of pain, as well as manage the experience, depression, and anxiety symptoms. 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 and physical dependence. Several recent reviews support the assertion of efficacy of cognitive behavioral therapy in the treatment of pain, especially chronic back pain (Kroner-Herwig, 2009, see the low back chapter "Behavioral Treatment" and the stress/medical chapter. See also the multidisciplinary pain programs).

Recommended due to the claimant suffering from mild-to-moderate depression and anxiety symptoms and having no previous psychological or psychiatric treatment: ODG Psychotherapy Guidelines; initial trial of six visits over six weeks of individualized sessions.

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-Office 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)