

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038
972.906.0603 972.906.0615 (fax)

DATE OF REVIEW: JUNE 2, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of repeat Psychiatric Diagnostic Interview (90791)

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

This case was reviewed by a Doctor of Psychology licensed by the Texas State Board of Examiners of Psychologists. The reviewer specializes in Clinical and Forensic Psychology and Substance Abuse and is engaged in full time practice.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
844.9	90791		Prosp	1			Xx/xx/xx	Xx/xx/xx	Overturned

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured worker (IW) is a female who sustained injuries to her right knee and ankle on xx/xx/xx while performing her duties. She went for care. Her knee was X-rayed and she received six weeks of physical therapy. After six weeks, she received an MRI of her right knee which revealed a tear, "remote partial tear of the posterior collateral ligament...also some subpatellar and prepatellar edema." She was referred to an orthopedic specialist who requested six additional sessions of physical therapy. Since the date of the injury, she has reported debilitating, intractable pain. On 4/18/2013 she was evaluated and diagnosed with both a Pain Disorder and Major Depression. The evaluator recommended eight sessions of individual psychotherapy which IW completed with no significant improvement noted. Her treating providers requested a Work Hardening Program which was denied due to the determination that she was already physically able to return to work, but would not do so. She had surgery of the right knee on 2/3/2015. Records indicate that she continues to limp and have trouble walking on the right leg. On 4/18/15 she received a behavioral medicine assessment by her treating physician. She has diagnosed Chronic Pain Syndrome and Narcotic Dependence. He has requested a Chronic Pain Management Program (CPMP) in order to taper her use of narcotic pain relievers. A one-hour psycho-diagnostic clinical interview was requested in preparation for a CPMP in order to give her

additional therapy to help increase her functioning and pain tolerance and reduce her dependence on pain medication.

INFORMATION PROVIDED FOR REVIEW:

History and Physical Chronic Pain Management Program 4/18/15. Diagnosed with Chronic Pain Syndrome and Narcotic Dependence. a CPMP. He began tapering her use of narcotic pain medication in anticipation of CPMP. Currently prescribed Tylenol with Codeine. IW underwent right knee arthroscopy on 2/3/15

Adverse Determination 4/20/15: Denied on the basis that the requested testing will not affect future medical care for IW. IW had previously received 8 Cognitive Behavioral Therapy based individual psychotherapy with no noted benefit. 2) A work hardening program was previously denied on the basis that IW is physically able to return to work. 3) IW was not considered a candidate for CPMP because there is no evidence of willingness to change on IW's part. The reviewer discussed familiarity with the case including several peer to peer contacts with various providers since the date of injury and noted that the facts of the case are unchanged. "The patient has no objectively identifiable knee pathology and has chosen not to return to work in over a year." Additionally the reviewer noted that IW had obtained an attorney to facilitate obtaining knee surgery and "there is clearly no evidence to change claimant status and knee surgery is being pursued by [IW]."

Reconsideration Request 5/4/2015. IW received knee surgery on 2/3/15 and completed post-operative physical therapy. Her initial psychiatric intake was 4-18-13 and was more than two years old. An updated psychiatric intake was requested to determine her ability to participate in a CPMP and assess her current mental status.

Adverse Determination 5/11/2015. Request for a one hour psychodiagnostic interview was denied on the grounds that IW does not appear to meet criteria for CPMP due to a lack of motivation to change and return to work.

Initial Behavioral Medicine Evaluation 4/18/2013. Continued to report her pain as 8/10. She also reported that the pain has interfered in her normal activities (recreational, social, and familial activities) at 8/10. She reported a change in her ability to work as 8/10. Her mental health history is positive for psychotherapy for anxiety symptoms. She was prescribed Xanax-XR for anxiety at the time. BAI=29, severe anxiety. BDI-II=31, severe depression; FABQ=significant fear for both fear avoidance of work (FABQ-W=39) as well as fear avoidance of physical activity in general (FABQ-PA=24). IW reported changes in sleep and appetite with significant weight gain, loss of interest in things previously enjoyed, loss of interest in sex, changes in relationships, poor self-confidence, feeling useless, feeling disappointed in herself, and feeling like a burden. Additionally, she reported that her overall life functioning had decreased by 50%. She reported pain with driving more than one hour; difficulty performing chores, sitting or standing more than 30 minutes, bending, squatting, crawling, or climbing stairs. Results of this evaluation were that "the work accident pain and ensuing functional limitations have caused this patient's disruption in lifestyle, leading to poor coping, maladjustment, and disturbances in sleep and mood."

DIAGNOSTIC INTERPRETATION:

307.89 Pain Disorder associated with both psychological factors and a general medical condition
296.23 Major Depressive Disorder, single episode, severe

PLAN: Minimum six weeks of psychotherapy to improve her low mood, assist in use of different coping skills, improve problem-solving skills, reduce irritability, frustration, anxiety, and sleep problems. Including subjective reduction of symptoms as follows:

Irritability from 5/10 to 3/10

Frustration from 5/10 to 3/10

Nervousness and Physiological Arousal from 5/10 to 3/10

Sleep Problems: from 5/10 to 3/10

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

Upon independent review, I find that the previous adverse determinations should be **overturned**. The initial evaluation from 2013 was not completed for the purposes of a CPMP. As a result of that evaluation, the injured worker (IW) received psychotherapy with little benefit. After over two years of intractable pain, her physician has requested a multi-disciplinary approach in the form of a CPMP. As of 4/18/2015, her treating physician had diagnosed Chronic Pain Syndrome and Narcotic Dependence. He has requested a CPMP in order to taper her use of narcotic pain relievers and teach her ways to manage her pain without narcotics. A one-hour psycho-diagnostic clinical interview was requested in preparation for a CPMP in order to increase her functioning and pain tolerance and reduce her dependence on pain medication. The ODG Pain Chapter discusses the use of psychological testing in chronic pain populations. "Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation."

The Texas Labor Code (408.021) definition of medical necessity states that an employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to health care that: cures or relieves the effects naturally resulting from the compensable injury; or promotes recovery; or enhances the ability of the employee to return to work or retain employment. Prior trials of psychotherapy and physical therapy have proven ineffective as stand-alone treatments. A psychological evaluation would help determine if further psychosocial interventions are indicated. Additionally, it should provide clinicians a better understanding of the IW in her social environment, thus allowing for more effective rehabilitation.

Additionally, the ODG Psychotherapy stepped-care guideline for pain includes:

Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. Her physician has identified the goal of decreasing her dependence on pain medication and improving her ability to manage her pain without narcotics.

Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. The injured worker was injured at work over 2.5 years ago and continues to experience chronic pain, mood disturbance, and disruption in her daily functioning. This is considered evidence that she continues to experience pain after the usual time of recovery.

Step 3: Pain is sustained in spite of continued therapy (including psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. IW has had psychotherapy, physical therapy, and a recent knee surgery, but continues to report chronic pain.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OT OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

- ODG – Official Disability Guidelines and Treatment Guidelines.
- Texas Labor Code (408.021) definition of medical necessity.

ODG Psychology Guidelines for Pain:

Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into

pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested:

Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention.

Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy.

Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. See also ODG Cognitive Behavioral Therapy (CBT) Guidelines. (Otis, 2006) (Townsend, 2006) (Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005) See also psychosocial adjunctive methods in the Mental Illness & Stress Chapter. Several recent reviews support the assertion of efficacy of cognitive-behavioral therapy (CBT) in the treatment of pain, especially chronic back pain (CBP). (Kröner-Herwig, 2009)

ODG psychological evaluations guidelines:

[Retrieved from: ODG Pain Chapter]

Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation (Main-BMJ 2002) (Colorado 2002) (Gatchel 1995) (Gatchel 1 999) (Gatchel 2004) (Gatchel 2005). For the evaluation and prediction of patients who have a high likelihood of developing chronic pain, a study of patients who were administered a standard battery psychological assessment test found that there is a psychosocial disability variable that is associated with those injured workers who are likely to develop chronic disability problems. (Gatchel, 1 999)"

Texas Labor Code (408.021) definition of medical necessity:

An employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to health care that:

- i. Cures or relieves the effects naturally resulting from the compensable injury; or
- ii. Promotes recovery; or
- iii. Enhances the ability of the employee to return to work or retain employment.

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
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)
- XX OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (TEXAS LABOR CODE)