

# Medical Assessments, Inc.

4833 Thistledown Dr.

Fort Worth, TX 76137

P: 817-751-0545

F: 817-632-9684

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## IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Psychotherapy 1 X 6 weeks, 90832, 90834, 90837

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

The Reviewer is a Board Certified Psychiatrist with over 25 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 each of the health care services in dispute.

### PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx while employed. He was in a structure about 80 feet up using an electric chainsaw, when he hit a pocket of gas and there was an explosion. He was knocked back into the handrail on the platform and landed on the platform. There was some hot plastic in the fire and caused burns to his face, chest, neck and upper extremities. He was air lifted to the and determined he had 2<sup>nd</sup>-3<sup>rd</sup> degree burns that require further evaluation and treatment at a xxxxx. The claimant has been diagnosed with pain disorder with both psychological factors and a general medical condition and PTSD. Burn (any degree) involving 10-19 percent of body surface with third degree burn of less than 10 percent or unspecified amount. Multiple social losses and problems with family.

Chart note. The claimant was released to a restricted work status and his job was unable to accommodate that at this time. The burning in his hands has improved and he has stopped taking his gabapentin. He also stated he has seen a psychiatrist who has been treating him for his sleep issues and that has improved. Claimant still has some restrictions with his ROM and they cannot accommodate him on a limited work duty status.

Chart notes. Claimant reported he was doing okay. Claimant has not returned to work since his injury. He has been attending occupational therapy multiple times a week but was discharged due to his significant improvement. Claimants ROM with his hands and wrists are within normal limits. The ROM with his left shoulder is vastly improved.

Chart notes. Claimant reported doing well. Claimant reported he gets winded and tired quite easy after performing a lot of his daily activities. He went for the functional capacity evaluation on, at which time he was

noted to be able to perform the central functions of his job, but the claimant reported it did take him a least a day or so for him to recover after this. He reported that he is not entirely ready to return to work because he does feel quite tired after doing a lot of activities.

Work Hardening Program Progress notes. The claimant has completed 8 sessions of the Work Hardening program. **Assessment:** Claimant continues to have difficulty performing overhead reaching and prolonged activity. He could benefit from additional Work Hardening sessions to increase left shoulder range of motion, improve strength throughout the bilateral upper extremities and improve prolonged activity tolerance. He demonstrates good motivation and effort with all activities when present.

Office notes. Claimant reported he is doing fairly well but his having problems with sleep, which had not had in the past.

Office notes. Claimant states that his dreams are still vivid and wake him up during. He does very well unless there's some form of warning bell or signal. There is still sensitivity in his left posterior upper arm and shoulder where he had fairly extensive burns. He also states his hands are still fairly sensitive. He wears gloves most of the time. The claimant feels his depression is fairly well gone.

Office visit. Claimant reported pain in the left shoulder. He reported associated symptoms including numbness in left pinky finger, needles sensation all fingers, tingling sensation in all fingers, weakness in left shoulder and hypersensitivity on scalp and hands. Claimant indicated no pain today. Pain was rated as 3/10 at its worse. Claimant indicated his pain is intermittent in nature and stretching, reaching and sun exposure makes his pain worse. The claimant indicated medications and hot packs make his pain better.

Office notes. Claimant was seen in the office. Claimant reported that he is not interested in various hobbies as he used to be. I explained to him this is probably some depression which confirmed his suspicions of such.

**Medication:** Effexor 37.5 mg.

Office notes. All is doing fairly well except his left shoulder which was to be seen by, Orthopedist. Claimant states that he's having no pain, but only ROM is noted is moderately limited.

Office notes. Claimant was seen with and was released to regular duty, but still having pain in his left shoulder. Claimant reported he reinjured his left shoulder at home while working by lifting a heavy object. He was seen by, who stated that he pulled a small portion of muscle from a shoulder but no surgery is indicated. Claimant was having someone drive him to for counseling sessions. When he no longer has someone to drive him, he stopped going. He has been receiving counseling for the PTSD in the office at this time.

Office notes. On exam, the claimant has good ROM. He can return to regular duty. **Addendum:** Due to his PTSD, the prescription Effexor, caused him all types of problems after he only took one. He reported that he does have trouble sleeping. He wakes up every few hours during the night and goes and checks on his children.

Behavioral Evaluation. The claimant has completed 12 counseling sessions and took part in a work conditioning program. He was released from both treatments and was cleared to go back to work as of. Since the work-related injury, the claimant's psychophysiological condition has been preventing him from acquiring the level of stability needed to adjust to the injury, manage more effectively the pain and improve his level of functioning. Claimant reported sleeping six to eight hours at night, however, very interrupted due to occasional nightmares and racing thoughts as he experiences. Claimant reports he is "on high alert" and it causes him to go check on his children in the middle of the night. Claimant reports that he still finds there are triggers at work and home that make him feel anxious and nervous. Claimant reported that he is currently not receiving any worker's compensation and that his financial situation is not a major stressor for him at this time. **The claimant displays a very good work ethic and vocational motivation, as evidenced by his returning to work full-duty.** The claimant reports having difficulty managing his PTSD and anxiety while he is at home and work. He reported feelings of depression and anxiety, which are secondary to the work related injury. He reported experiencing symptoms of

energy, decreased, helplessness, sadness, crying episodes, appetite and sleep decreased, difficulties fear of incident reoccurring, concentration difficulties, increased concerns with his mental health, rapid heart rate when he gets nervous or anxious, a higher “startle response”, and decreased heart rate when he gets nervous or anxious, a higher “startle response”, and decreased motivation. He is under emotional distress and may have feelings that he has not expressed or motivation. He is feeling more sensitive and has become more emotional since his injury. He has tried to remain as active and involved with his family and friends as possible; however, is having difficulty coping with his pain and adjustment difficulties relating to his injury. He reported that his experiences of physical and emotional pain have created problems. Without intervention these maladaptive behaviors and feeling with continue. **Impression:** The interviewer feels that there is a strong indication that the claimant is experiencing emotional pain that is creating interference in his life. It appears as though he is having long term adjustment problems of depression and anxiety which are secondary to his work-related injury.

**Recommendations:** It is recommended that the claimant be seen for 6 sessions of individual psychotherapy to address levels of stress and depressive symptoms to help claimants increase management of his chronic pain.

**DSM-IV:** 307.89, V71.09, 948.10. GAF=60.

UR. Rationale for denial: Based on the clinical information provided, the patient has completed previous individual psychotherapy for 12 visits and work hardening for 8 visits with no documentation indications of improvement resulting from treatment. The patient stopped taking antidepressants medications due to side effects, but there is no indication that any other antidepressants were tried. The medical necessity is not established in accordance with current evidence based guidelines. Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines, this request for individual psychotherapy 1 time per week for 6 weeks 90832, 90834, & 90837 is not certified.

UR. Rationale for denial: In this case, the patient previously completed 12 sessions of individual psychotherapy as well as work hardening program with a psychological component. There was no provided documentation that the patient has responded to this type of treatment in any meaningful way. With no documentation of improvement resulting from previous treatment there is little to suggest the patient would benefit from additional treatment of this type. Based on the clinical submitted for this review and using the evidence-based peer-reviewed guidelines, this request for appeal individual psychotherapy 1 time per week for 6 weeks 90832, 90834 and 90837 is upheld.

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

**The previous decision has been upheld. The patient has completed 12 individual counseling sessions and 8 work hardening visits. An attempt of Effexor was brief. There was no attempt to work thru sleep issues with basis sleep hygiene techniques or with an anti-histamine such as Vistaril or Benadryl. The medical necessity is not established in accordance with current evidence based guidelines. Therefore, the request for Psychotherapy 1 X 6 weeks, 90832, 90834, 90837 is non-certified.**

#### **ODG Guidelines:**

##### **ODG Psychotherapy Guidelines:**

- 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.

**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)**