

True Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 03/16/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Psychology

Description of the service or services in dispute:

6 sessions of psychotherapy

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)

Patient Clinical History (Summary)

The patient is a male who reported an injury on XX/XX/XX due to a slip and fall. His past treatments include physical therapy, trigger point injections, chiropractic treatment, and injections. His medications include tramadol and cyclobenzaprine. An appeal request was received for 6 sessions of psychotherapy. The request was previously denied due to the evaluation being performed by a chemical dependence counselor, the patient is not taking opioids, nor has a significant potential for abuse, and had low psychological scores. An intake report for mental health treatment referral was performed on XX/XX/XX. It was documented that the symptoms impaired his ability to return to work to include: sadness, hopelessness, insomnia, decreased energy, frustration, irritability, increased sensitivity, crying episodes, motivational decrease, helplessness, boredom, discouragement about the future, short temper, feelings of inadequacy, not able to relax, muscle tension, difficulties adjusting to injury, restlessness, nervousness, difficulty breathing, fear of reinjury, concentration difficulties, and increased concerns about physical health. The patient denied current or past suicidal or homicidal ideations or attempts. The patient also denied receiving any form of mental health therapy in an inpatient or outpatient level facility. The patient denied hypomanic episodes, paranoia, delusions, and auditory or visual hallucinations. The patient's current complaints included low back pain rated 8/10 on his worst and best days. The patient also reported having difficulty managing his pain, has great deal of interference with activities of daily living due to pain with difficulties adjusting to his injury, feelings of depression, and anxiety. The patient's Beck Depression Inventory 2 score was noted at 18 which fell within a mild range of the assessment. The patient's Back Anxiety Inventory was noted at 36 which fell within the severe range of the assessment. The mental status examination noted the patient's thought processes were logical and goal directive, answers were thoughtful and reflective, mood seemed bland/indifferent at times, affect appeared congruent to mood, had poor eye contact at times, and seemed to have poor insight and judgment. It is recommended for the patient to undergo 6 sessions of individual psychotherapy to address his levels of stress, depression, and anxiety to help increase management of his chronic pain. The patient's DSM 5 diagnoses include adjustment disorder with mixed anxiety and depressed mood, pain disorder with both psychological factors and a general medical condition, and chronic pain, financial struggles, multiple social losses, and problems with family. The GAF score was noted at 55. The treatment plan indicated the patient

would undergo a stepped care approach, with individual therapy to address the patient's level of stress, depression, anxiety, and diminished coping capacity secondary to impact of his work related injury. A Request for Reconsideration Letter dated XX/XX/XX noted the patient was denied for the multidisciplinary chronic pain management program due to low BAI and BDI scores. The patient reported his pain varied from a 6-9/10. The patient also reported avoiding any forms of activity that do not relate to treatment for fear of reinjury, which cause anxiety.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The Official Disability Guidelines recommended cognitive therapy with a 4 to 6 session trial to provide evidence of symptom improvement and then up to 13-20 visits over 7-20 weeks for patients with delayed recovery and chronic pain from psychosocial variables, if progress is being made. Patients with severe Major depression or PTSD may be provided up to 50 sessions with evidence of progress. The patient is a XX-year-old male with diagnoses of adjustment disorder with mixed anxiety and depressed mood, pain disorder with both psychological factors and a general medical condition, chronic pain with financial struggles, multiple social losses, and problems with family. The patient also scored a 36 on his Beck Anxiety Inventory scale indicating severe range of anxiety and scored an 18 indicating mild range of depression with the Beck Depression Inventory. The previous request was denied due to the assessment being performed by a chemical dependence counselor and low levels of depression. However, the clinical documentation noted the psychologist was present in the office during assessment and has signed off on the report. The patient also has high pain levels that attribute to high levels of anxiety for fear of reinjury that would benefit from a trial of psychotherapy to help the patient address those triggers and learn how to cope with his anxiety. Based on the clinical documentation submitted for review, an initial trial of 6 sessions of psychotherapy would be supported in this clinical situation. The initial denial of the request is overturned.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and 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 and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)