



**MEDICAL EVALUATORS
OF T E X A S ASO, LLC.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

DATE OF REVIEW: April 19, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Denial of coverage for Individual psychotherapy 1x6 weeks

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

This case was reviewed by a Psychologist who is currently licensed and practicing in the state of Texas.

REVIEW OUTCOME

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

Overturned

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured on XX/XX/XX while performing her duties as a XX when she tripped over a rug and while trying to avoid falling on the floor, she twisted her body and fell onto a wall injuring her neck, lower back, leg and ankle. The claimant has been treated with 24 sessions physical therapy between XX/XX/XX-XX/XX/XX and was also treated with medications including Gabapentin, Naproxen, Lamotrigine and Citalopram. The claimant had MRI lumbar spine on XX/XX/XX that revealed "no vertebral compression fracture, mild desiccation of the disc and minimal anterior endplate spurring from L1 inferiorly to L4 levels with minimal narrowing of the L1-2 and L2-3 disk spaces L2-3 levels there are 2-3 mm disc protrusion in the inferior aspect of the left neural foramina without neural impingement or significant foraminal narrowing."

Initial behavioral medicine assessment note dated XX/XX/XX indicates the claimant complained of 8/10 constant, stabbing low back pain with pins and needles sensation and numbness. The pain was rated as a 7/10 without activity and 10/10 with activity, with negative impact on life functions like household chores, yard work, cooking, caring for her family, exercising and driving. Mental status examination revealed a well groomed female, coporative with difficulty getting up and down from chair with slow ambulation. Mood was dysthymic with constricted affect. Beck Depression Inventory (BDI) score was 18 indicating mild depression. Beck Anxiety Inventory (BAI) score was 06 reflecting minimal anxiety. The claimant was diagnosed with somatic symptom disorder with predominant pain, persistent, severe and severe major depressive disorder and recommended a cognitive behavioral therapy to facilitate a healthy adjustment to the injury, improve mood disturbance, address fear of pain and decrease sleep disturbance.



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Prior UR dated XX/XX/XX denied the request request for individual psychotherapy 1 x 6 weeks because the claimant has received 24 sessions of physical therapy post-injury. Lumbar MRI is negative for acute, traumatic or occupational pathology. Any occupational strain or contusion resolved long ago. There is no objective identifiable lumbar pathology currently present that explains and accounts for any ongoing subjective complaints. Unclear and undocumented how individual psychotherapy is necessary and indicated for a resolved lumbar contusion.

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

The medical records available for review document that the claimant meets criteria for severe major depressive disorder, associated at least partially with her inability to work after suffering a back injury. She was treated with physical therapy, and cognitive-behavioral psychotherapy was recommended for six weeks to then address the accompanying major depressive disorder. Depression is known to be commonly correlate to the patients who have suffered a physical injury such as outlined in the clinical documentation above. The American Psychological Association has long held that psychotherapy, particularly individualized cognitive behavioral therapy, is a valid treatment for major depressive disorder. According to ODG, "several recent reviews support the assertion of efficacy of cognitive-behavioural therapy (CBT) in the treatment of pain, especially chronic back pain (CBP)." Cognitive behavioral therapy to alleviate the symptoms of depression has been noted as efficacious by numerous studies performed by authors (e.g., Beck, Dobson, etc.). In fact, the addition of cognitive behavioral psychotherapy to antidepressant medication treatment has been noted to prevent relapse among patients with major depressive disorder, even after antidepressants have been discontinued. The ODG recommends up to 50 sessions of psychotherapy in cases of severe major depression if progress is being made. The requested 6 sessions of individual psychotherapy is within the ODG recommendation.

Therefore, according to the ODG, referenced guidelines as well as the clinical documentation stated above, the request of individual psychotherapy 1x6 weeks is reasonable and medically necessary in this claimant.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

**Pain (Chronic) - (updated 03/09/16) - Online Version
Behavioral interventions (CBT)**

Recommended. Psychosocial variables have a potential role in delayed recovery and chronic pain. Risk Factors for delayed recovery include catastrophic thinking, fear-avoidance, and perceived injustice. 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 or physical dependence. Several recent reviews support the



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assertion of efficacy of cognitive-behavioural therapy (CBT) in the treatment of pain, especially chronic back pain (CBP). (Kröner-Herwig, 2009) Recommend screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ) in the Low Back Chapter. Initial therapy for these “at risk” patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone. The CBT treatment model has three stages: (1) skill education (2) skill acquisition and (3) skill maintenance / generalization. Homework assignments are an essential part of CBT. When possible, CBT should be coordinated with physical therapy. There are no studies that delineate specific quantity and frequency of CBT sessions for chronic pain. Please refer to the ODG Psychotherapy Guidelines for further recommendations.

Also see the Low Back Chapter, “Behavioral treatment”, and the Stress/Mental Chapter. See also Multi-disciplinary pain programs.

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.

See Number of psychotherapy sessions in the Mental Chapter for more information.

X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

A meta-analysis of the efficacy of cognitive therapy for depression. Dobson, Keith S. *Journal of Consulting and Clinical Psychology*, Vol 57(3), Jun 1989, 414-419

Young JE, Weinberger AD, Beck, AT. Cognitive therapy for depression. D H Barlow (Ed.). *Clinical handbook of psychological disorders: A step-by-step treatment manual, third edition*. New York: Guilford Press; 2001. 264-308.

Kuyken, W Beck, AT. Cognitive therapy. C. Freeman and M. Power (Eds.). *Handbook of evidence-based psychotherapies: A guide for research and practice*. Chichester: Wiley; 2007. 15-39.

Dobson KS, Dozois, DJS. Historical and philosophical bases of the cognitive-behavioral therapies. K Dobson. Handbook of Cognitive-Behavioral Therapies. Third Edition. New York: Guilford Press; 2009.

Kuyken, W Beck, AT. Cognitive therapy. C. Freeman and M. Power (Eds.). Handbook of evidence-based psychotherapies: A guide for research and practice. Chichester: Wiley; 2007. 15-39.



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NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.