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DATE: February 1, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

6 Individual Psychotherapy related to the lower back, 6 sessions, as an outpatient

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

The reviewer is certified by the American Board of Psychiatry and Neurology/Psychiatry 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 injured his low back when he was hit from behind while working on XX/XX/XX.

XX/XX/XX: XR LS Spine 1V report. IMPRESSION: Lateral projection of the lumbar spine demonstrates no acute radiographic abnormality.

XX/XX/XX: CT Lumbar Spine WO Contrast report. IMPRESSION: No acute abnormality of the lumbar spine. Mild facet degenerative changes at L5-S1, left greater than right.

XX/XX/XX: The claimant was evaluated and was prescribed Flexeril 10 mg #20 and Norco 5 mg #15 for back pain and muscle spasm and was instructed to stay off work for 2 days.

XX/XX/XX: The claimant was evaluated and was prescribed ibuprofen 600 mg, Percocet 5/325 mg # 5, and diazepam 5 mg #5 for back pain and muscle spasm and was instructed to not lift greater than 5 lbs until released.

XX/XX/XX: The claimant was evaluated for complaints of pain to the mid-back, lower back, and left leg. He stated that he experienced feelings of reduced tolerance to hold his bowel and bladder but was able to control bowel and bladder. He stated that he was unable to maintain an erection. He denied incontinence. His pain level was rated 9/10 and was intermittent, sharp, burning, deep, and numbness. On exam, height 68 in, weight 271 lbs. He had thoracic and lumbar paravertebral muscle tightness and tenderness. SLR positive at 40 degrees bilaterally. He was diagnosed with thoracic or lumbosacral neuritis or radiculitis, unspecified, thoracic sprain, lumbar sprain, spasm of muscle, and pain in joint involving lower leg. Physical therapy was ordered as well as musculoskeletal pain cream and

cyclobenzaprine 10 mg #45.

XX/XX/XX: Progress notes are hand-written and illegible. It was indicated that the claimant participated in Thera Ex., Soft Tissue Mob, and US.

XX/XX/XX: The claimant was evaluated. His pain rating was 8/10. He stated that his pain caused him to experience sleep disturbance and mood swings. He reported that he was in physical therapy and reported ongoing pain that radiated to his left leg. On exam, height 68 inches, weight 376 lbs. He had thoracic and lumbar paravertebral muscle tightness and tenderness. SLR positive at 50 degrees on the left. A Lumbar MRI was ordered, and he was prescribed baclofen 20 mg #60, Naprosyn 500 mg #45, and neuropathic pain cream. He was to continue with physical therapy and return in 1 month.

XX/XX/XX: MRI of the Lumbar Spine WO Contrast. IMPRESSION: Unremarkable MRI of the lumbar spine. Prominent epidural fat is noted extending from L4 to S2.

XX/XX/XX: The claimant was evaluated. His pain was rated 7/10 with radiation down his left leg. He reported nighttime loss of bladder control and difficulty maintaining an erection. On exam, height 68 inches, weight 376 lbs. He had thoracic and lumbar paravertebral muscle tightness and tenderness, trigger points and tenderness, range of motion reduced to lumbar spine. DTRs +2/4 and muscle strength +5/5 to both UE and LE. A pain management referral was made. He was prescribed baclofen 20 mg #45, tramadol 50 mg #45, and neuropathic pain cream. He was to return in 1 month.

XX/XX/XX: The claimant was evaluated. He stated that therapy helped somewhat in decreasing his lower back pain, but he continued to have discomfort in his lower back. His pain rating was 7/10. On exam, he had limited and painful lumbar range of motion with elevated pain on flexion, hyperextension, and right/left lateral bending. He had focal tenderness on palpation throughout the lumbar spine and sacral area with moderate myospasms over the right. There were taut and tender fibers with twitch response over the right paraspinal muscle groups. Muscle guarding was noted and loss of the lumbar lordosis. Motor strength was 4/5. No sensory deficits were noted. He was able to heel and toe walk. He was diagnosed with lower back pain and lumbar strain. PLAN: Patient is 7 months s/p injury. Patient has failed conservative management. I reviewed the MRI findings with the patient of the lumbar spine. However, based on the review of records, these have resolved with therapy and medication management. Myofascial pain syndrome is a regional painful muscle condition with a relationship between a specific trigger point and its associated pain region. I will proceed with trigger point injections over the paraspinal muscle.

XX/XX/XX: Operative report XX. PREOPERATIVE DIAGNOSIS: Lumbar spine myofascitis. PROCEDURE: Lumbar trigger point injection.

XX/XX/XX: XX conducted a Peer Review. "It is my opinion that the current symptoms/injuries would no longer appear to be directly related to the original injury of a lumbar strain/sprain. With proper care and treatment, the pain of less severe lumbar sprains and strains typically lasts about five to ten days. Most lumbosacral injuries (90%) resolve within six weeks, regardless of the type of treatment. If proper rehabilitation has been provided, sprains and strains should heal without any residual change in function. According to the submitted medical records, it is my opinion that any residual complaints and treatment would be targeting an injury unrelated to the original work event."

XX/XX/XX: Functional Capacity Evaluation. Job PDC Level = 45 pounds – 100 pounds, Medium to very heavy. His resultant functional performance displayed at a medium to very heavy physical demand level with a deficit of at least 20 pounds. The symptoms he experienced may be due to behavioral and psychosocial deficits. Additionally, this evaluation represents only a fraction of the daily demands in a full eight-hour workday; these difficulties indicate that the patient would be unable to sustain his full demand capacity. The above findings demonstrate that the patient would benefit from a work hardening program to address these deficits. It is also recommended that he is scheduled with his treating physician for further evaluation.

XX/XX/XX: The claimant was evaluated who noted that he responded well to the lumbar trigger point injection with

decreased back pain. He was referred back to continue with therapy s/p injection.

XX/XX/XX: The claimant was evaluated. He reported that he was not able to play with his children, go fishing, or ride horses since being injured and because of his pain, he did not feel like going out socially. He denied the use of alcohol or drugs. He smoked 10 cigarettes per day. His medications included cyclobenzaprine 10 mg, ibuprofen 800 mg, compounded pain cream, topical patch, and Prevacid. Beck Depression Inventory score 25/63, moderate range. Beck Anxiety Inventory score 29/63, severe range. Oswestry Disability Index score 60/100, severe disability range. FABQ-PA score 21/24, high. FABQ-W 39/42, high. He reported sad mood, loss of pleasure, restlessness and disturbed sleep. It was noted that he had gained 40 pounds since the injury. He had no history of depression or anxiety. It was noted that he appeared to be highly motivated to recover and return to work. It was noted that no psychological issues were evident that would hinder his ability to participate in the recommended work hardening program. It was noted that his symptoms of depression and anxiety would be addressed in the group therapy that would be part of the program.

XX/XX/XX: UR. RATIONALE: Based on guidelines, it is indicated to consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical therapy alone. Per records, there was notation of prior treatment including physical therapy, medication, and trigger point injections. It was unknown how much therapy had been tried. On prior treatment, the guidelines indicated initial trial of 3-4 psychotherapy visits over 2 weeks. Psychotherapy visits are generally separate from physical therapy visits, and psychotherapy may be appropriate after physical therapy has been exhausted. Therefore, the request is not medically necessary.

XX/XX/XX: UR. RATIONALE: The provided medical records were reviewed. It is not clear from the submitted medical records that the evaluation was followed by the claimant actually attending the Work Hardening Program. This type of program usually contains a psychosocial component that already addresses the psychological overlay for behavioral issues that are secondary to the pain and lack of functioning. Therefore, the request for Appeal Review for Individual Psychotherapy related to Lower Back Injury, 6 sessions, as an outpatient is not medically necessary.

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

The previous adverse decisions are upheld. In submitted records, mention is made of a work hardening program. It is unclear whether the claimant actually attended the work hardening program where he could have already received the therapy/counseling. Therefore, the request for 6 Individual Psychotherapy related to the lower back, 6 sessions, as an outpatient is not medically necessary and does not meet ODG criteria.

ODG:

Behavioral treatment	<p>ODG cognitive behavioral therapy (CBT) guidelines for low back problems: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these “at risk” patients should be physical therapy exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone:</p> <ul style="list-style-type: none">- Initial trial of 3-4 psychotherapy visits over 2 weeks- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)- Psychotherapy visits are generally separate from physical therapy visits, and psychotherapy may be appropriate after physical therapy has been exhausted <p>ODG Psychotherapy Guidelines (if mental diagnosis):</p> <ul style="list-style-type: none">- 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. <p>See the Mental Chapter.</p>
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IRO REVIEWER REPORT TEMPLATE -WC

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)