

INDEPENDENT REVIEWERS OF TEXAS, INC.

2150 S. Central Expressway · Suite 200-264 · McKinney, Texas 75070

Office 214-533-2864 Fax 214-380-5015

e-mail: independentreviewers@hotmail.com

[Date notice sent to all parties]:

01/26/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Group psychotherapy 90853 x 12 sessions and individual psychotherapy 90837 x 12 sessions

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

Board Certified Psychologist

REVIEW OUTCOME:

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

X 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 patient is a male whose date of injury is XX/XX/XX. Diagnostic narrative dated XX/XX/XX indicates that the patient slipped on uneven ground and struck his head and eyes against a pole. He states that he lost consciousness for approximately 30 minutes and then experienced extremely impaired vision. The patient was diagnosed with tears to the corneas of both eyes. He underwent a double cornea transplant surgery with little help to his vision. He underwent another transplant surgery 6 months later, though was still judged to be legally blind. He was receiving regular cortisone injections directly into his eyes for pain relief, though this was discontinued in XXXX. He had a cornea failure in XX/XXXX necessitating another round of transplant surgeries in both eyes. He had an infection in his left eye two months prior which forced him to undergo another cornea transplant in that eye. The anesthesia wore off during the procedure and further attempts to sedate him failed so he bit on a towel and finished the surgery. He described severe chronic sleep disorder related to his pain. He acknowledged severe problems with suicidal wishes and had an inpatient psychiatric hospitalization approximately XX years prior on a voluntary basis. He was receiving some counseling, but this was

discontinued the prior year. Psychometric test scores reportedly confirmed severe levels of dysphoric and anxious reactivity to his extreme loss of functional activity. Note indicates that the patient is one week post corneal transplant of the right eye. Letter indicates that the patient's diagnosis of major depression was judged to be part of his compensable injury through a contested case hearing. The patient underwent an inpatient psychiatric hospitalization for approximately XX weeks during the month of XX due to his degree of risk. His Cymbalta was raised to 90 mg. Intensive individual and group psychotherapy was done during that time, and subsequent to his discharge it is reported that the patient appears to have gained substantially from these interventions. Letter indicates that requests for medications (Cymbalta and Xanax) had been denied. He has chronic generalized anxiety and major depression. The forced withdrawal of medications has resulted in destabilization and increased suicidal risk for the patient. Letter indicates that there has been considerable progress. There was a recent approval for the patient to see a neuro-ophthalmologist. The patient continues to be prescribed Cymbalta and Xanax. Individual and group psychotherapy have helped with crisis intervention and stabilization. His measured levels of anxiety and depression remain in a moderately severe range.

Initial request for group psychotherapy 90853 x 12 sessions and individual psychotherapy 90837 x 12 sessions was non-certified noting that the clinical records submitted for review provided no clear indication as to the exact number of psychotherapy sessions completed to date. The Official Disability Guidelines only recommend a total of up to 50 sessions of psychotherapy for patients with major depression. The nurse case manager notes indicate that a total of 137 mental health sessions have been approved to date, and it is unclear as to how many of these were individual psychotherapy sessions. The requested group therapy is not supported as the clinical records submitted for review provided no indication that the patient has a current diagnosis of PTSD. Appeal letter indicates that to date, the patient has had a total of 52 individual sessions. He has had 24 sessions of individual psychotherapy since prevailing through a contested case hearing. There has reportedly been significant progress since hospitalization in XX/XXXX. The injury involved the loss of his sight, which is an exceptional factor. These symptoms aggravate his ongoing problems with sleep disorder and difficulties with recurrent episodes of major depression. The denial was upheld on appeal dated XX/XX/XX noting that the clinical documentation submitted for review indicates the patient has been approved for a total of 137 mental health sessions; however, it was unclear how many sessions the patient has had altogether for individual psychotherapy sessions and group sessions. The request exceeds guideline recommendations.

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

Based on the clinical information provided, the request for group psychotherapy 90853 x 12 sessions and individual psychotherapy 90837 x 12 sessions is not recommended as medically necessary, and the two previous denials are upheld. The submitted records

indicate that the patient has been authorized for 137 mental health sessions to date. The Official Disability Guidelines would support up to 50 sessions if progress is being made. Although the submitted records subjectively report that progress has been made, there are no objective measures of improvement documented to support continuing to exceed ODG recommendations. There are no current psychometric testing measures provided. In regards to group therapy, the Official Disability Guidelines note that this treatment is recommended as an option for patients with posttraumatic stress disorder. The submitted records fail to document a diagnosis of posttraumatic stress disorder. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines Mental Illness and Stress Chapter 2016

Cognitive behavioral therapy (CBT)

For specific guidelines, see Cognitive therapy for amputation; Cognitive therapy for depression; Cognitive therapy for opioid dependence; Cognitive therapy for panic disorder; Cognitive therapy for PTSD; Cognitive therapy for general stress; Cognitive behavioral stress management (CBSM) to reduce injury and illness; Dialectical behavior therapy; Exposure therapy (ET); Eye movement desensitization & reprocessing (EMDR); Hypnosis; Imagery rehearsal therapy (IRT); Insomnia treatment; Mind/body interventions (for stress relief); Psychodynamic psychotherapy; Psychological debriefing (for preventing post-traumatic stress disorder); Psychological evaluations; Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators); Psychosocial /pharmacological treatments (for deliberate self harm); Psychosocial adjunctive methods (for PTSD); Psychotherapy for MDD (major depressive disorder); PTSD psychotherapy interventions; Stress management, behavioral/cognitive (interventions); Telephone CBT (cognitive behavioral therapy); Computer-assisted cognitive therapy. Studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement, but functioning and quality of life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. (Crits-Christoph, 2001) CBT, whether self-guided, provided via telephone or computer, or provided face to face, is better than no care in a primary care setting and is also better than treatment as usual, according to a meta-

analysis. A subanalysis showed the strongest evidence for CBT in anxiety. For depression alone, CBT compared with no treatment had a medium effect size, computerized CBT had a medium effect, and guided self-help CBT for both depression and anxiety produced a small effect size. (Twomey, 2014) See Number of psychotherapy sessions for more information.

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.

Group therapy

Recommended as an option. Group therapy should provide a supportive environment in which a patient with Post-traumatic stress disorder (PTSD) may participate in therapy with other PTSD patients. While group treatment should be considered for patients with PTSD (Donovan, 2001) (Foy, 2000) (Rogers, 1999), current findings do not favor any particular type of group therapy over other types. (Foy, 2000) See also PTSD psychotherapy interventions.