



DATE OF REVIEW: 12/27/17

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Psychotherapy 6 visits

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

Board Certified in Psychology

REVIEW OUTCOME

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

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Upheld | (Agree) |
| <input checked="" type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute: Psychotherapy 6 visits - Overturned

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was XXXX on XXXX at the time of injury. XXXX indicated that XXXX XXXX. The XXX. A XXXX and hit XXXX right side and neck area. XXXX indicated that the XXX felt as if fell on top of XXXX head. XXXX indicates XXXX missed XXXX due to losing consciousness. The examinee sustained injuries to XXXX cervical spine, right shoulder, right hand and right arm. XXXX received physical treatment and diagnostics were performed with positive signs validating XXXX physical injury. A Designate Doctor also corroborated XXXX pain and impediments to fully perform in XXXX work were secondary to the XXXX injury. The reported pain after greater than XXX from DOI was rated as 6, which is considered in the moderate range. On XXXX, LCSW diagnosed XXXX with both somatic symptom disorder with predominant pain and major depressive disorder, mild (F45.1; F32.0) recommending Psychotherapy – 6 visits. On XXXX, a family doctor reviewer issued a denial of this service as not medically necessary due to "no indication that the patient underwent any psychometric testing or validity testing". On XXXX, a psychiatrist reviewer, upheld the denial under the same rationale.

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

Both prior reviewers are not qualified to issue such opinion according to The Texas Administrative Code, Chapter 180 - Texas Department of Insurance, 28 Monitoring and Enforcement [28 TAC 180.1(4)] as they DO NOT HAVE "certification(s), education, training, and experience to provide the health care that an injured employee is **receiving or is requesting to receive.**" As a family practice

specialist, XXXX, does not provide the health care (CPT 90837) that was requested. Also, XXXX, as a psychiatrist, but not a psychologist, treats mental issues from a biological standpoint with pharmacotherapy, but not with psychotherapy.

[28 TAC 180.1(4)] = (4) Appropriate credentials--The certification(s), education, training, and experience to provide the health care that an injured employee is receiving or is requesting to receive.

Also, Reviewer should be a “peer” that has the **same area of expertise**. Per Utilization Review Accreditation Commission (URAC) Revised standard 8 “Reviewer Qualifications” specifically states the credentials required for reviewers. In its items “d” and “e” it states reviewer: “d) is a clinical peer of the attending provider; e) has a scope of licensure and professional experience that encompasses the health service, treatment or issue under review”. URAC in rule HUM 10 on “**Initial Clinical Reviewer Qualifications**” states that reviewer should “possess an active professional relevant license.” One would not find acceptable for orthopedist to review for a heart surgery, or an endocrinologist for a meniscectomy; therefore, Psychotherapy – 6 visits should be reviewed by a psychologist or a counselor with training in providing the requested service. (See: <http://www.urac.org/accreditation/faq.aspx#ir8>)

Secondly, the rationale offered that "no indication that the patient underwent any psychometric testing or validity testing" is NOT on the ODG guidelines. The provision of psychotherapy DOES NOT require that psychological testing with validity be performed first. That would be an overuse of the service. Instead, ODG indicates DSM-5 is the basis for the diagnostic enterprise. “The diagnostic process must be primarily based on full utilization of the current version of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders.” (See ODG Mental Illness Chapter).

"In order for a diagnosis to be even minimally credible, it must be based on the protocols specified in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). (American Psychiatric Association, 2013). These protocols are the gold standard for the diagnosis of mental illness. There is much more that could be done to establish greater credibility for a diagnostic claim (e.g., objective utilization of psychological testing, reviewing records from the claimant’s entire life, etc.), but the DSM protocols *are the necessary minimum*." (ODG Mental Illness and Stress Chapter)

Next, the referral for psychotherapy in cases of comorbid pain and depression are appropriated after the "at risk" period. “The At-Risk number of days may be used to trigger “**Delayed recovery**” **interventions**, because it is the point at which 90% of cases with this primary diagnosis should have returned to work, and the point when the case has **already become an outlier** and is at risk of never returning to functionality.” (See ODG Pain Chapter).

Considering all above, Psychotherapy – 6 visits **is medically reasonable and necessary**. Certification is recommended.

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

- ☒ **APA - AMERICAN PSYCHIATRIC ASSOCIATION PRACTICE GUIDELINES**
- ☒ **MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☒ **28 TAC**
- ☒ **URAC**
- ☒ **ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**