

Notice of Independent Review Decision

REVISED REPORT
See "Description of Service or Services in Dispute"
And
Addition of review criteria

REVIEWER'S REPORT

DATE OF REVIEW: 03/28/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual psychotherapy 1 x wk x 6 wks 90906; biofeedback therapy 1 x wk x 6 wks 90901

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified in General Psychiatry and Child and Adolescent Psychiatry

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
847.2	90806		Prosp.	6					Overturn
847.2	90901		Prosp.	6					Overturn

INFORMATION PROVIDED FOR REVIEW:

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This case involves a female who was involved in a fall injury dated XX/XX/XX when she tripped over a wire that was holding an inflatable slide. Letter of denial dated 03/08/XX stated that based on the clinical information submitted, and using the evidence-based peer-reviewed guidelines, the request for individual psychotherapy, one time per week times six weeks, and biofeedback therapy, one time per week times six weeks, is not certified.

The patient is a XX-year-old female who sustained injury on XX/XX/XX when she tripped over a rope. The patient developed a lumbar strain and has had twelve physical therapy visits to date. Medications include ibuprofen, Flexeril,

and Vicodin. The patient underwent a behavioral medicine evaluation on 10/19/XX. The patient reported pain of 8/10 on the VAS scale with radiating pain to the right side of the upper extremities. The patient reported her overall level of functionality as significantly decreased by 80%. The patient also reported irritability, frustration, anger, and sleeve disturbance. Objective testing revealed a Beck Depression Inventory-II score of seven and a Beck Anxiety Inventory score of 23, consistent with moderate anxiety. The patient was recommended for individual therapy for four weeks. Diagnosis: Lumbar sprain, 847.2, and sprain of sacrum, 847.3. Mechanism of injury: trip and fall. Current medications: ibuprofen, Flexeril, and Vicodin. Surgeries: not stated. Diagnostic imaging and other therapies: twelve sessions of physical therapy.

A follow up visit on 02/03/XX notes the following: "She is here to follow up on her low back pain and right hip pain. She is still walking with a significant limp and describes a moderate amount of pain. Workers' Compensation has still been denying these claims, but she has obtained an attorney, Mr., and they are scheduled for a BRC hearing with the judge on 03/07/XX. Physical examination notes slow, antalgic gait. She shows significant tenderness in the lumbar spine area." Impression noted the following: 1) lumbar sprain/strain; 2) sciatica; 3) hip sprain/strain. Environmental intervention dated 03/07/XX noted: "Intervention with agencies on behalf of psychiatric patient for the purposes of peer-reviewed request for individual psychotherapy. We reviewed her work injury and current complaints. She states she had no functional improvement and that all improvements were subjective. Did not see necessity for biofeedback. Denied by individual and biofeedback."

Treatment summary/reassessment dated 12/08/XX noted the following identified problems for treatment: "Depression, poor sleep hygiene, anger management, suppression of emotions and increased pain, increased activities of daily living/participation in meaningful/productive activities, poor self-regulation, bio-psychosocial stressors and pain." Note indicates that the patient's response to treatment was positive. She was compliant with treatment. While she has shown progress in session at home with reducing negative symptoms, she still reports some difficulty performing successfully on her own.

Summary of gains made noted the following: "Even though the patient currently exhibits increased stressors and negative symptoms, she reports that she feels she had made progress with implementing a wide range of coping mechanisms."

History and physical work hardening program note dated 12/30/XX notes the following: "History of present illness notes she was involved in a fall injury dated 05/28/XX when she tripped over wire holding an inflatable slide. Physical examination noted that she is 'obviously in marked pain. She is walking with a limp with her back in a very erect position. She is having difficulty placing any weight on her right side.' Impression noted the following: 1) severe low back pain; 2) right leg pain; 3) sciatica of the right leg; 4) right hip contusion; 5) rule out herniated lumbar discs; 6) rule out right leg neuropathy. Plan was noted to include admission to the work hardening program, physical therapy, and psychological evaluation.

History and physical completed 10/07/XX noted the following: "History of present illness includes that she was involved in a fall injury on xx/xx/XX when she tripped over a wire holding an inflatable slide. She has had severe pain in the right leg, right groin, and lower back. X-rays were reviewed and were negative for any obvious abnormalities, but she has continued to have a moderate to severe amount of pain in her right groin area as well as low back pain radiating down her right leg. She was let go from her job two days after the injury and has not sought employment since then. Musculoskeletal portion of the physical examination has moderate to severe pain and tenderness with minimal range of motion of her right lower extremity and pain in the right inguinal canal. She has moderate low back pain and point tenderness in her right paralumbar musculature. She has decreased range of motion in her back to flexion, extension, and rotation. She has positive straight leg raising signs on the right."

Initial behavioral medicine consultation dated 10/19/XX notes the current medication includes Flexeril 10 mg one p.o. q. h.s. and Darvocet-N 100 one p.o. t.i.d.

Her description of pain is rated at 8/10, average daily pain of 8/10 with intermittent elevations to 9/10 since the work injury. When asked to quantify the level of interference her pain has had on her recreational, social, and familial activities, she rates these all as 8/10. In terms of lifestyle changes, she expressed that when she sits more than ten to fifteen minutes or squats, she experiences pain in her low back. She further relates that when walking fifteen to 30 minutes, she feels pain in her right leg and must sit down. Current level of overall functioning is 20%. She endorses both initial and sleep maintenance insomnia with difficulty falling asleep and two awakenings per night due to pain. She is currently sleeping six fragmented hours per night. She relates that she does not want to get up and wants to get back to work. Mental status exam noted that her mood was dysthymic. She rates the following symptoms: irritability and restlessness 7/10, frustration and anger 5/10, muscular tension/spasm 9/10, nervousness and worry 7/10, sleep disturbance 7/10. That evaluation noted the following multiaxial diagnoses: AXIS I: 307.89, pain disorder associated with both psychological factors and general medical condition, acute, secondary to work injury; AXIS II: V71.09, no diagnosis; AXIS III: injury to lumbar spine, right hip, and right leg; AXIS IV: primary support group, economic and occupational issues; AXIS V: current GAF 58, estimated pre-injury GAF 85+.

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

Documentation and records indicate significant issues with depression, anxiety, inadequate response to interventions to date, and support a role for continued psychotherapy. I share the reviewer's concerns in terms that the treatment plan did not identify changes that might prove to be more helpful when previous interventions had not been successful. However, the treatment and services in dispute are medically necessary and appropriate for this injured worker.

DESCRIPTION AND SOURCE OF THE REVIEW CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)