DATE OF REVIEW: 04/15/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The service under dispute is individual psychotherapy 1X6 weeks (90806).

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a licensed Ph. D. /LPC with a specialty in counseling with greater than five years of experience.

REVIEW OUTCOME

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

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

The reviewer agrees with the previous adverse determination regarding all services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Treatment Preauthorization Request by Healthcare 12/06/2006.
Review Determination by Insurance Company 12/11/2006
Reconsideration: Treatment Preauthorization Request by 01/02/2007
Review Determination of Reconsideration by the 01/10/2007
History and Physical by D.O. 11/06/2006
Initial Behavioral Medicine Evaluation by MS, LPC 11/16/2006
Letter of Medical Necessity by DO 01/02/2007, 02/09/2007 and 03/13/2007.

PATIENT CLINICAL HISTORY [SUMMARY]:
The above-mentioned patient is a male who slipped and fell on a wet floor while performing his customary duties as a dishwasher. He had been employed with the company for six months at the time of his injury. He reported that he remained on the floor for approximately 20 minutes denying the assistance of co-

workers due to his high level of pain. He was complaining of severe right shoulder pain and moderate low back pain.

He was taken by ambulance to the Emergency Room where he was x-rayed, sedated, and had reduction tightness with a dislocation tightness with a left shoulder dislocation and had it reduced there in the ER. He was also found to have a lumbar strain. He was discharged with a sling and Motrin.

The injured employee reported his pain with numbing sensations in his low back and right shoulder. He also described aching pain in both his right shoulder and arm. He reported the interference of his pain with his recreational, social, and familial activities . He reports no interference with regard to his normal activities. He quantified the level of interference his pain has had with his ability to work.

He denied neither any treatment for mental health purposes nor any documented or reported issues of emotional disturbances impacting his functioning prior to being injured. His results of the Beck Depression Inventory II (BDI-II) and Beck Anxiety Inventory (BAI) reveal the following: the patient scored a 9 on the BDI-II, indicative of minimal/normal levels of depression. He scored a 2 on the BAI, indicative of minimal anxiety.

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

The provided medical records indicate that is not mildly depressed or anxious; therefore, psychotherapy is not necessary because there is no psychological distress indicated as per the APA Guidelines.

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)** American Psychological Association. (1985). Standards for educational and psychological testing (rev.). Washington, DC: Author.

Frank, R. G. & Elliott, T. R., Eds. (2000). Handbook of Rehabilitation Psychology. Washington, DC: American Psychological Association.