



**DATE OF REVIEW:** 04/30/07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:**

Outpatient individual therapy.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified in Psychiatry and Neurology

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. Requestor’s records including initial evaluation of 01/29/07
2. Initial behavioral medical consultation of 02/21/07
3. Neurosurgical consultation report of 02/26/07
4. Letter for reconsideration of individual therapy dated 03/16/07
5. Chiropractic treatment records from 11/15/06 through 01/25/07

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This female sustained a workplace injury. She experienced pain and inability to return to work subsequently. She developed “affective distress,” which was noted in the initial behavioral medicine consultation of 02/21/07. This consultation led to referral for individual therapy.

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

While affective symptoms were noted in the behavioral medicine consultation, the symptoms appeared to be most consistent with anxiety. These symptoms would likely respond to initiation of anxiolytic or SSRI medication. Such treatment would likely be more cost-effective than individual therapy.

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

*(Check any of the following that were used in the course of your review.)*

- 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 psychiatric 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.)