



DATE OF REVIEW: 8/31/07

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the medical appropriateness of the previously denied request for 5 sessions of individual therapy and 16 sessions of group health and behavior intervention.

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

Texas licensed Psychiatrist.

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 previously denied request for 5 sessions of individual therapy is OVERTURNED and the 16 sessions of group health and behavior intervention is UPHELD.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Notice to CompPartners, Inc. of Case Assignment dated 7/20/07.
- Notice of Assignment of Independent Review Organization dated 7/20/07.
- Fax Cover Sheet/Note dated 8/2/07, 7/20/07, 7/17/07.
- Correspondences dated 8/2/07, 6/29/07, 6/22/07.
- Request for a Review by an Independent Review Organization dated 7/16/07.
- Independent Review Organization Form (unspecified date).
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 7/17/07.
- Determination Notification Letters dated 7/10/07, 6/28/07, 5/3/07.

PATIENT CLINICAL HISTORY [SUMMARY]:

Age:

Gender: Male

Date of Injury: xx/xx/xx

Mechanism of Injury: Not stated for this review.

Diagnosis: Chronic low back pain and anxiety/depression.

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

The claimant is a male who sustained a work-related back injury on xx/xx/xx, with lower extremity pain complaints. He has been treated with conservative care medications, injections, and surgery and a psychological evaluation was done on April 18, 2007. There was no diagnosis given for this claimant, though a description of his depressive symptoms was noted in the “health and behavior evaluation” sent for review. Dr. stated that the claimant had no past psychiatric history and no major stressors prior to the injury. In the evaluation, he noted, “depressive symptoms at this time include marked anhedonia, dysphoric, lassitude, appetite disturbance, perception of worthlessness, and failure and pronounced cognitive slowing. This claimant also suffers from anxiety and perseverative fears regarding continuing personal and medical deterioration. There had been a significant loss of frustration tolerance in other relationships, coping skills. The symptoms described above were aggravated on a daily basis by sleep disorder and chronic pain, as well as current levels of social withdrawal and isolation. He described recurrent suicidal ideation, thought without an active plan.” The treatment update on June 22, 2007 stated that, “a vital recovery task is now to discover new areas of daily endeavor that utilize skills and functional ability that remained intact.” He also stated that there had been some improvement in the claimant’s mood, assuming that the claimant was having cognitive behavior therapy for depression. This reviewer would say that the individual therapy session should be approved in accordance with the Official Disability Guidelines that states, “Cognitive behavior therapy for depression is recommended based on meta analysis that compare achievement with pharmaceuticals. Cognitive behavior therapy, as well as antidepressant medication for severely depressed outpatient in four major comparisons. Initial trial of 6 visits over 6 weeks with evidence of objective functional improvement up to 13 to 20 visits over 13 to 20 weeks (individual sessions)”. Regarding the group therapy that Dr. says has helped the claimant, there are no Official Disability Guidelines and the 16 sessions of group therapy do not seem medically necessary.

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. 2006/2007. Cognitive therapy for depression.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee’s employer, the injured employee’s insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.
