



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 07/03/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under dispute include eight sessions of individual psychotherapy.

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 the area under review and greater than five years of clinical 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 disagrees with the previous adverse determination regarding all services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the requesting doctor and from the insurance carrier. The records are as follows:

Request for Individual Psychotherapy by, D.C.
Treatment Plan by M.A., LPC
Behavioral Assessment by , M.A., LPC 02/20/2007
Request for Additional Individual Sessions by M.A., LPC 05/09/2007
Pre-Authorization Request by D.C. 05/09/2007

Utilization Review Decision from Ins. Co. 05/14/2007
Expedited Appeal Procedure Requested by M.A., LPC 05/21/2007
Utilization Review Decision from Ins. Co. 05/29/2007

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a male who was injured in a job related injury while employed by . He stated that he was moving and lifting iron bars in the construction site. These iron bars are about 40-60 feet long and are extremely heavy and they come in bunches of six or seven and are carried by two to three men. The patient happened to be in the center of the bars while two other co-workers were in the front and back. He was lifting these bars from the center and did not notice that they were anchored to the floor on the sides and when he lifted he felt a sharp stabbing pain in his lower and middle back. He decided to see Dr. for medical care where X-Rays were taken and physical therapy was started. He had an MRI performed on 10/18/2005 of the lumbar spine and the imaging revealed a L4-L5 focal desiccation of disc 2-3mm circumferential posterocentral disc protrusion with mild indentation upon the thecal sac with no canal or foraminal stenosis. He has had approximately 4 epidural steroid injections since his date of injury and his most recent one was on 01/25/2007.

Results of psychological testing reported on 02/20/2007 indicate that his depression was in the severe range and his anxiety was in the moderate to severe range using the Beck Depression Inventory and Beck Anxiety Inventory. He then received 12 psychotherapy sessions. Results of psychological testing reported on 05/09/2007 indicate that his depression was in the mild to moderate range and his anxiety level was in the mild to moderate range using the Beck Depression Inventory and Beck Anxiety Inventory.

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

The provided medical records indicate that the patient has mild to moderate levels of depression and anxiety. He has shown a positive response to psychotherapy after his first 12 sessions indicating his desire and ability to make constructive changes in his life. The Official Disability Guidelines indicate with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions. This patient meets these requirements. The approved sessions will place this patient at the maximum of allowable individual sessions as per the ODG.

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) Washington dc,
American Psychological Association. Standards for Educational and
Psychological Testing 1985

Frank RG Elliott TR Handbook of Rehabilitation Psychology. American
Psychological Association 2000