

# **RYCO MedReview**

## **IRO REVIEWER REPORT – WC (Non-Network)**

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**DATE OF REVIEW:** 07/19/07

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Individual psychotherapy (90806) once a week for six weeks

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

Board Certified in Psychiatry

### **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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

A note from D.O. dated 02/10/06  
An evaluation with M.D. dated 03/01/06

An evaluation with M.D. dated 12/05/06  
An evaluation with Dr. dated 02/10/07  
A psychological evaluation with Ph.D. dated 02/22/07  
A letter of partial approval from Ph.D dated 03/05/07  
An evaluation with M.S.N., and Dr. dated 03/14/07  
An evaluation with M.D. dated 04/11/07  
Individual psychotherapy with an unknown provider (no name or signature was available) dated 04/23/07  
A preauthorization request from Dr. dated 05/21/07  
A letter of denial from Dr. dated 05/24/07  
A reconsideration request from M.S., L.P.C. dated 06/04/07  
A letter of denial from M.D. dated 06/11/07  
A letter from M.D. dated 06/12/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Dr. recommended a sedentary job and Motrin. Dr. requested weight loss surgery. On 02/10/07, Dr. requested physical therapy, a psychological evaluation, off work status, a general surgery consultation, Tramadol, and Vicodin. On 02/22/07, Dr. requested eight sessions of individual psychotherapy. On 03/05/07, Dr. approved six sessions of individual psychotherapy. On 03/14/07, Ms. and Dr. requested an evaluation with a surgeon, legal consultation with an ombudsman, Vicodin, and Cymbalta. On 04/11/07, Dr. recommended a surgical specialist, a CT scan of the umbilical region, and Lexapro. On 04/23/07, an unknown provider indicated the patient had completed six sessions of individual psychotherapy. On 05/21/07, Dr. requested six more sessions of individual psychotherapy. On 05/24/07 and 06/11/07, Dr. wrote letters of denial for further psychotherapy. On 06/04/07, Mr. wrote a reconsideration request for that treatment. On 06/12/07, Dr. felt no surgery was reasonable or necessary.

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

The issue here is whether an additional six psychotherapy sessions are reasonable and necessary for this patient. My opinion would be no. The patient has had six psychotherapy sessions and failed to respond. At this time, additional psychotherapy, will not be effective. In addition, isolated interpersonal psychotherapy, not acknowledging the chronic pain condition, will be ineffective.

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

**X 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)