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DATE OF REVIEW: JULY 30, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Four sessions of individual counseling

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

Doctor of Psychology, licensed in the State of Texas

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)

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Four sessions of individual counseling	90806	Upon approval	Adverse determination upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Record Description	Record Date
Medical Review Summary	05/21/07
Utilization Review - Notice of determination	05/22/07
Clinical Summary	06/11/07
Utilization Review – Notice of appeal determination	06/18/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who suffered a work related shoulder, knee, and back injury. The request is for an IRO. The claimant was treated with conservative care and medications. The patient also participated in 10 sessions of a multidisciplinary work hardening program. A

psychological evaluation indicated that the claimant was experiencing mild symptoms of depression and anxiety.

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

Based upon the evidence provided in ODG and other treatment guidelines for the treatment of chronic pain, this request is not medically necessary. Given the claimant's inability to benefit from a multidisciplinary work hardening program and the claimant's minimal psychological symptomatology, the claimant is not an appropriate candidate for individual psychotherapy. The requested treatment is likely to have no significant impact on her functional improvement. The information provided indicates the requested procedure is not medically necessary.

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

This patient has previously received psychotherapeutic treatment while attending a multidisciplinary work hardening program. The evaluation does not assess the factors that contributed to the patient's inability to benefit from previous psychotherapeutic treatments. Without an adequate assessment of these factors, the appropriateness of the requested treatment could not be determined (Work Loss Data Institute, ODG, Chapter 1, 2007; Guidelines for the assessment and management of chronic pain, ICSI, 2005; ACOEM Guidelines, Chapter 6). The patient is reporting minimal to mild psychological symptoms and there is no evidence of a primary or secondary behavioral or psychological disorder which would provide a necessity for the requested treatment. These issues indicate that the request is not consistent with the requirement that psychological treatments only be provided for "an appropriately identified patient" (Work Loss Data Institute, ODG, Chapter 1, 2007).