IRO#
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DATE OF REVIEW: JUNE 8, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient individual psychotherapy - 6 sessions (90806)

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

Doctor of Psychology, Licensed in 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
Outpatient individual psychotherapy – 6 sessions	90806	Upon approval	Adverse determination upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Record Description	Record Date
1. Notice of UR findings / Authorization of Individual psychotherapy	
2. Notice of disputed issue and refusal to pay –Insurance	
3. Notice of UR Findings / Adverse determination of Individual psychotherapy –UR Department	01/18/07
4. Discharge summary – Dr. MD.	04/04/07
5. Preauthorization request for Individual Psychotherapy –Asso. - MS LPC	04/05/07
6. Notice of UR findings / adverse determination to Individual Psychotherapy –UR Department	04/12/07
7. Response letter to adverse determination – Health Asso. - MS LPC	04/24/07
8. Appeal Preauthorization Request - Health Asso	04/26/07
9. Notice of UR findings on appeal / adverse determination –UR Department	05/01/07

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant was injured. The request submitted is for an IRO. Claimant's submission is by. The patient has completed 18 sessions of a chronic pain management program (CPM) and a work hardening program without success. The patient continues to report severe levels of pain, moderate to severe depressive symptoms and severe symptoms of anxiety. The request is for additional sessions of individual psychotherapy which was also provided during CPM.

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

ODG do not recommend additional psychological treatment unless functional improvement has been demonstrated and there is evidence of meaningful subjective and objective gain from previous psychological interventions (Work Loss Date Institute, ODG, Chapter 1, 2007). The patient has completed two intensive multidisciplinary pain treatment programs with no significant improvement of psychological symptoms or subjective pain. The patient's inability to benefit from previous psychological interventions provided during his participation in two intensive multidisciplinary pain treatment programs (a chronic pain management program and a work hardening program) presents a poor prognosis for the requested treatment. Treatment guidelines and other research state that repeated intervention procedures without substantial and sustained improvements in function are unwarranted (Guidelines for the Assessment and Management of Chronic Pain, PubMed. 103(3), 2004). Furthermore, after an intensive CPM program, guidelines recommend that the patient become "more independent" using self-managing skills that they have learned during the Program and focusing on return to work. The guidelines further state that the Program should be reducing any ongoing dependency on the interdisciplinary team and services (Work Loss Date Institute, ODG, Chapter 1, 2007; Sanders,S.et.al.Evidence-Based Clinical Practice Guidelines for Interdisciplinary Rehabilitation of Chronic Nonmalignant Pain Syndrome Patients. Pain Practice 5(4), 2005). Research indicates that there are many factors that contribute to a patient's inability to benefit from a Chronic Pain Management Program (Work Loss Date Institute, ODG, Chapter 1, 2007). Given that this patient has not been able to demonstrated significant subjective and objective psychological improvement as a result of his previous intensive psychological treatments, suggests that he is not appropriate for additional psychological treatments (Work Loss Date Institute, ODG, Chapter 1, 2007).

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

Based upon the evidence provided in ODG, other treatment guidelines for the treatment of chronic pain and additional research studies, this request is not medically necessary. The patient is a poor candidate for additional individual psychotherapy and the treatment is likely to have no significant impact on his functional improvement. The information provided suggests the requested procedure is not medically necessary.

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: the Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 05/01/2007.