

Parker Healthcare Management Organization, Inc.

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DATE OF REVIEW: MARCH 27, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of 12 sessions of psychotherapy for depression and anxiety; 90807/99204

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is Board Certified in Psychiatry, and is engaged in the full time practice of psychiatric medicine.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- XX Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
Major Depression NOS	Psychotherapy 90807/99204		Prosp	4					Overturned
Major Depression NOS	Psychotherapy 90807/99204		Prosp	8					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO

Respondent records- a total of 29 pages of records received to include but not limited to: TDI-HWCN Request for an IRO; Letter from patient, 2.27.07; Letter 2.9.07, 2.20.07 ; Patient notes, Dr. 2.1.07; Patient notes, Dr. 2.9.07

Requestor records- a total of 5 pages of records received to include but not limited to: Patient notes, Dr. 2.1.07

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was reportedly injured when she tripped and hit her head on a vault door at a bank. She subsequently had some confusion and was diagnosed with a concussion. Following that, she had headaches for 2 months and had persistent depression and anxiety episodes. She apparently retired from work, but she remains anxious, depressed, and has some agoraphobia.

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

At the time of her initial evaluation by Dr. she was on Xanax 0.5 mg as needed, Verelan p.m. 300 mg daily, and Albuterol inhaler as needed. Dr. diagnosed Mrs. with major depression and anxiety disorder. He initiated a trial of Cymbalta 30 mg twice a day, Klonopin 0.25 mg twice a day and recommended individual psychotherapy to address the depression and anxiety symptoms. He requested follow up visits one visit every 2 weeks, which were denied by the carrier and subsequently again denied on appeal.

The patient was followed up by Dr. approximate a week after the initial visit with Dr. and was apparently showing an initial response to the trial of Cymbalta and Klonopin. I would note that the second denial for the requested services references an independent medical examination where there was notation of post concussive syndrome, panic disorder, and depressive disorder, not otherwise specified. Apparently, the doctor that conducted the IME thought that future visits could be gradually tapered off.

The finding would be that the request for 12 sessions of medication management and psychotherapy is excessive, but continuation of medication management and psychotherapy is substantiated by the submitted material. A typical initial trial of individual therapy will be for 4-6 sessions to gauge the patient's ability to work in the therapy and to formulate a more structured treatment plan. This finding does not address causality related to whether this is a recurrent episode of major depression vs. a sequelae of the head injury experience at work. Guidelines note that individuals with traumatic brain injuries can be more susceptible to some of the adverse effects of different psychotropic medications. They do not rule these out as effective interventions and in fact are recommended as part of the treatment.

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**
- XX 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**
- XX PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE ; Journal of Neurotrauma Vol. 23, No. 10, 2006, pages 1468-1501.**
- XX OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES / Guidelines for the Pharmacologic Treatment of Neuro Behavioral Sequelae of Traumatic Brain Injury.**