

IRO NOTICE OF DECISION - WCN

DATE OF REVIEW: 05-18-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual Psychotherapy Six (6) Sessions

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

Certified by the American Board of Psychiatry & Neurology
General Certificate 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.

| Injury dated | Claim Number | HPCS/NDC | Units | Upheld/Overturn |
|--------------|--------------|----------|-------|-----------------|
| | | 90806 | 6 | Overturn |

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Review Determinations (Report)
Psychiatric Evaluation (02-28-07)
Initial Diagnostic Screening
Response to Denial Letter (02-07-07)

IRO NOTICE OF DECISION - WCN
Page 2

Patient Pain Drawing
Emergency Room Report
Enhanced Interpretive Report (Test)

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant who sustained an injury to the right arm and had been employed for the previous 10 years. The injured worker (IW) received intensive diagnostic evaluation and a variety of treatments culminating in 10 sessions of pain management in 2000. The IW is not under active treatment for the arm injury at this time.

Listed medications include Hydrocodone, Elavil, and Imitrex. Over the years since injury, the IW has been divorced and is raising 4 of her 5 daughters alone. The IW has not worked since the accident. On the "Patient Pain Drawing", the IW locates pain as being in the head, neck, and back – not the arm or shoulder. Medical record and psychological testing provide full support for a diagnosis of Major Depressive Disorder. The IW reports suicidal ideation but no plan and "violent ideation." It is not clear whether the IW has violent feeling towards the children.

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

The initial denial listed patient's "failure to keep appointments (seven years ago)" and that psychotherapy could "inhibit recovery" from pain states. I question the applicability of this reasoning to the patient's current diagnosis of Major Depression, Severe made by specialist. There was also referral made to the patient's mental illness as "secondary to the pain problem" and accordingly disallowed psychiatric care.

Regardless of the etiology of the pain, the IW requires treatment for depression. I support the specialist's request for six psychotherapy sessions and four medication management sessions as congruent with current community standard of care. The combination of individual psychotherapy and medication management in Major Depression is thoroughly reviewed in the May, 2007 issue of The American Journal of Psychiatry (pp 739-777).

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)**