



DATE OF REVIEW: 5/9/2007
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. 90806 x 6: Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;

QUALIFICATIONS OF THE REVIEWER:

This reviewer attended the University and graduated as a Doctor of Philosophy. She has worked as a licensed psychologist and supervising psychologist in Austin, TX since 2002 and 2004 respectively. She has published numerous papers and is a member of the Pain Management and Psychological Association.

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)

1. 90806 x 6: Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Medical reviews of case assignment by dated 04/27/2007
2. Review organization IRO dated 04/25/2007
3. Clinical note dated 03/30/2007
4. Clinical note dated 04/16/2007
5. Request form dated 04/17/2007
6. Independent review organization by dated 04/27/2007
7. Review organization IRO dated 04/25/2007
8. Transmission result report dated 04/25/2007
9. Review organization IRO dated 04/25/2007
10. Clinical note dated 03/30/2007
11. Clinical note dated 04/16/2007
12. Request form dated 04/17/2007
13. Notice of disputed issue dated 04/17/2007
14. Clinical note dated 04/17/2007
15. Work status report dated 04/11/2007
16. Transcription by MD, dated 01/30/2007
17. Patient information sheet dated 04/27/2007
18. Clinical note dated 02/28/2007
19. Transaction report dated 03/27/2007
20. Clinical note dated 03/27/2007
21. Pre-authorization request dated 03/26/2007

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22. Pre-authorization request by MS, dated 03/26/2007
23. Clinical note dated 03/30/2007
24. Patient information sheet dated 04/27/2007
25. Clinical note dated 02/28/2007
26. Pre-authorization request dated 03/26/2007
27. Pre-authorization request by MS, dated 03/26/2007
28. Clinical note dated 03/30/2007
29. Transaction report dated 04/12/2007
30. Clinical note dated 04/11/2007
31. Pre-authorization request dated 04/10/2007
32. Pre-authorization request by MS, dated 04/10/2007
33. Clinical note dated 04/16/2007
34. Transaction report dated 03/27/2007
35. Clinical note dated 03/27/2007
36. Clinical note dated 04/11/2007
37. Pre-authorization request dated 04/10/2007
38. Patient information sheet dated 04/27/2007
39. Clinical note dated 02/28/2007
40. Clinical note dated 04/11/2007
41. Pre-authorization request dated 04/10/2007
42. Patient information sheet dated 04/27/2007
43. Clinical note dated 02/28/2007
44. Pre-authorization request by MS, dated 04/10/2007
45. Initial behavioral medicine consultation by LPC, dated 03/07/2007
46. Addendum by MED, dated 03/07/2007
47. Transcription by PA
48. History and physical by DO, dated 02/14/2007 to 04/04/2007 multiple dated
49. Clinical note dated 02/28/2007
50. Pre-authorization request by MS, dated 03/26/2007
51. Initial behavioral medicine consultation by LPC, dated 03/07/2007
52. Addendum note by LPC, dated 03/07/2007
53. Transcription by PA
54. History and physical by DO, dated 02/14/2007
55. Follow-up note by DO, dated 02/28/2007 to 03/07/2007
56. Clinical note dated 03/27/2007
57. Pre-authorization request dated 03/26/2007
58. Patient information dated 04/27/2007
59. Clinical note dated 02/28/2007
60. Clinical note dated 04/27/2007
61. Clinical note by dated 04/27/2007
62. Notice of assignment by dated 04/27/2007
63. Transaction report dated 04/17/2007
64. Clinical note dated 04/17/2007
65. Transaction report dated 04/17/2007
66. Clinical note dated 04/17/2007
67. Clinical note dated 04/17/2007
68. Request form dated 04/17/2007
69. Patient information dated 04/27/2007
70. Clinical note dated 02/28/2007
71. Transaction report dated 03/27/2007
72. Clinical note dated 03/27/2007
73. Pre-authorization request dated 03/26/2007
74. Pre-authorization request by MS, dated 03/26/2007
75. Clinical note dated 03/30/2007
76. Transaction report dated 04/12/2007
77. Clinical note dated 04/11/2007
78. Pre-authorization request dated 04/10/2007
79. Pre-authorization request by MS, dated 04/10/2007
80. Clinical note dated 04/16/2007
81. Initial behavioral medicine consultation by M.Ed, dated 03/07/2007
82. Addendum by M.Ed, dated 03/07/2007

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- 83. Transcription by PA
- 84. History and physical by DO, dated 02/14/2007
- 85. Follow up by DO, dated 02/28/2007
- 86. Follow up by DO, dated 03/07/2007
- 87. Follow up by DO, dated 03/14/2007
- 88. Follow up by DO, dated 04/04/2007

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured individual is a male who suffered a work related right foot injury. He was treated with conservative care, medications, and surgery. He has been taking Vicodin. A psychological evaluation on 3/7/2007 indicated that the patient had been experiencing moderate depressive symptoms and moderate symptoms of an anxiety. Diagnostic impressions included adjustment disorder with mixed anxiety and depressed mood. There was a note that the patient was involved in motor vehicle accident in 2001 and his provider stated that some of the patient's current psychological symptoms may be related to that incident.

At this time, the request for individual psychotherapy, 1 time a week for 6 weeks, is under review.

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

The request for individual psychotherapy, 1 time a week for 6 weeks, is medically necessary at this time. A psychological interview on 3/7/2007 indicated a rule out diagnosis of Adjustment Disorder with Depressed and Anxious Mood. Moderate levels of depression and anxiety were noted via the BDI-II and BAI. The injured worker denies symptoms of depression or anxiety prior to the injury except for mood disturbances related to a MVA. According to the report on 3/7/2007, symptoms related to the MVA were resolved prior to the work-related injury. A subsequent report dated 3/26/2007 reiterated changes in functioning as a result of the work-related injury that includes changes in mood, activities of daily living, sleep, and self-perception. An initial trial of 6 sessions of individual psychotherapy is recommended according to Official Disability Guidelines.

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
- X 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)

AMR Tracking Num: