



Specialty Independent Review Organization

AMENDED REPORT – 10/30/2007

DATE OF REVIEW: 10/25/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item under review is the prospective medical necessity of 8 sessions of psychotherapy.

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

The reviewer is a Licensed Ph.D., LPC with a specialty in Counseling.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of 8 sessions of psychotherapy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Ph.D.

These records consist of the following:
Records from Carrier: Denial appeal 9/4/2007; Adverse Determination Notice 08/16/2007; Psychotherapy Progress Note by Ph.D. 06/8/2007-8/13/2007; Psychological Assessment by Ph.D. 03/29/2007; letter dated 10/10/2007; Adverse Determination After Reconsideration Notice 09/11/2007

Records from Doctor/Facility: Patient Ledger by Ph.D. 10/08/2007;
Psychological Assessment by, Ph.D. 03/29/2007; Psychotherapy Progress Note
by Ph.D. 06/8/2007-8/13/2007.

A copy of the ODG guidelines was not provided by the Carrier or URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was injured in her work related capacity as . She tripped on some wires and fell during a code. Pain is described as sharp, electric and shooting, constant in duration. She continued to be employed after the injury conducting light-duty. She currently works on call. She received a Maximum Medical Impairment Rating of 3% and is currently disputing this rating. She had applied for and then was denied Social Security Disability status. She hopes to return to full-time work eventually.

The patient is the of siblings, who were adopted. Her developmental home environment is described as stable and there is no drug, alcohol, or psychiatric disturbance in the nuclear family. She denies previous physical, sexual, and/or emotional abuse as well as trauma. There is no previous psychiatric history or treatment. She has taken Elavil and nortriptyline in the past, anti-depressants, but they were utilized to induce sleep and manage pain, not treat depression.

She has been married for the past years and has no children. She reports good social support coming from her husband and parents. Current psychosocial stressors include a recent move to a new home after years in one residence. She also reports the recent death of a friend, as well as some ongoing frustrations and irritabilities with the perceived denial of treatments related to her current pain condition. She believes she is largely under treated for the management of her pain. She also reports some difficulties adjusting to a limited lifestyle.

Results from several procedures administered led Ph.D. to the diagnosis of:

DSM IV

AXIS I	296.23 Major Depressive Disorder, single episode, severe without psychotic features
AXIS II	307.89 Pain Disorder associated with both psychological factors and a general medical condition.
AXIS III	V71.09 No diagnosis.
AXIS IV	Severity of psychosocial stressors – Moderately severe, recent move to a new residence, recent death of a friend, adjustments to a normally active lifestyle, and ongoing difficulties with the Worker’s Compensation carrier.
AXIS V	GAF, current: 55.

The patient then received eight sessions of psychotherapy.

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

The reviewer states that the provided medical records indicate that the patient has moderate to severe levels of depression. Although there is no documentation to indicate her response to psychotherapy after her first 8 sessions, the 2007 Official Disability Guidelines recommends cognitive behavior therapy for a total of up to 13-20 visits over 13-20 weeks (individual sessions) as an effective treatment for depression with evidence of objective functional improvement.

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)