

C-IRO, Inc.
An Independent Review Organization
7301 Ranch Rd. 620 N, Suite 155-199
Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: 09/25/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual psychotherapy 2X3

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

Clinical psychologist

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Initial psychological evaluation for CPMP of 5-10-07 by LPC
Eval of 5-30-07 and request for 4 IT sessions; LPC
Treatment summary note of 7-27-07; unsigned
Eval of 7-27-07 and request for 2x3 IT sessions; LPC
Letters of denials from, August 3, 2007 and August 20, 2007
Rebuttal letter of August 6, 2007 by LPC
No ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on the job while performing his regular job duties driving a transit system bus, which was struck from the right side and then struck a trash truck. Reports for review indicate he had both pre- and post-traumatic amnesia, LOC, sustained a severe CHI, and required resuscitation at

the scene of the accident. His sustained injuries eventually resulted in a diagnosis of traumatic brain injury. To date, he has received post-surgical physical/occupational therapy (6 months daily), aquatic therapy, 3 months of treatment at Central Nerve Center, and aquatic therapy. His current medications include: Hydrocodone, Effexor XR, Famotidine, Gabapentin, Celebrex, Clonazepam, and Robaxin. He has been approved for, and received, 4 sessions of individual therapy, with some decrease in his BDI and BAI scores.

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

Patient was approved for individual psychotherapy 1x4 based on an initial eval dated 5/10/7. The final treatment note (session 4 of 4) is dated 7/27/07, and is the only treatment note available for review. There is also one rebuttal letter to the two denials. It is difficult to determine from the handwritten final summary which treatment intervention and modalities were used, and which ones the patient responded to. BDI and BAI scores decreased 3-4 points, but the notes only vaguely discuss that “the increased awareness he is experiencing in the individual sessions is increasing his ability to more successfully cope with his daily life.” There are no specifics regarding what aspect of his daily life has been improved by the IT and no baseline or ending ADL’s for comparison.

It is reported in the notes that the patient is getting the benefit of, and is requesting to continue in, 1-2x/week group therapy, since this seems to be helping with social support and education. At the end of the report, the request is then made for “ten additional sessions in a group setting, two times per week, if possible”. However, both the first approved request, and the second request were formally for individual therapy sessions.

ODG recommends cognitive therapy for depression, stating that “the gold standard for the evidence-based treatment of MDD is a combination of medication (antidepressants) and psychotherapy.” This can be done, and apparently has been done, in a group setting. Therefore, the request for “more IT” cannot be justified, since the beneficial aspect of the treatment appears to occur in group setting.

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)**