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Notice of Independent Review Decision

DATE OF REVIEW: 04/18/08,
AMENDED: 04/22/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Individual psychotherapy one (1) time a week for eight (8) weeks

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

Licensed Psychologist

REVIEW OUTCOME:

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Psychological reevaluation dated 10/17/07 **(DOI noted to be xx/xx/xx).**
2. Note from Dr. dated 09/26/07.
3. Handwritten progress notes from Dr. 12/06/07, 12/11/07, 12/18/07, 01/03/08, 01/08/08, 01/15/08, 01/22/08, 01/29/08, 02/06/08, 02/12/08, 02/28/08, 03/06/08, and 03/18/08.
4. spreadsheet dated 04/02/08.
5. Initial request and denial for Individual psychotherapy dated 03/11/08.
6. Appeal request and denial for Individual psychotherapy dated 03/21/08.
7. ***Official Disability Guidelines***.

PATIENT CLINICAL HISTORY [SUMMARY]:

The employee is a male with a history of unknown injury on xx/xx/xx. There was no mechanism of injury provided; the diagnosis was a strain/sprain of the ankle and foot. There was also no treatment history.

The employee was seen for psychological reevaluation on 10/17/07 after demonstrating inappropriate outbursts of anger. At that time, he was taking medications for pain and was being treated by Dr. The employee's pain was reported as 8 to 8.5/10. Upon evaluation, he demonstrated impaired memory, depressed mood, lack of energy, and loss of interest. He was also treating with Effexor for depression. The diagnostic impression was given as depression secondary to the job injury. The employee was recommended as an appropriate candidate for individual psychotherapy.

The notes indicated the employee began individual psychotherapy with Dr. on 12/11/07 and continued through 03/18/08 (twelve sessions). There was no definitive statement regarding progress. As of the last progress note, the employee was still complaining of difficulty concentrating, memory loss, and increasing pain that was noted as aggravating his depression.

On 03/11/08, there was a request and review for eight additional sessions of individual of psychotherapy. This request was reviewed and denied by Dr.. It was noted the sessions were requested to deal with agitation and depression aggravated by being diagnosed with a neurological disorder. It was determined that treating the employee for a dementing illness was not casually related to his original injury, and the services were denied.

On 03/21/08, the appeal request was reviewed and upheld by Dr. He noted the employee had recently been diagnosed with dementia and this increased his mood disturbance. It was also noted the employee had completed twelve sessions of therapy and should be applying techniques learned. He also opined the co-morbid condition made him a poor candidate for further therapy that required extensive verbal memory to apply.

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

Based upon the information provided and the ***Official Disability Guidelines***, I would agree with the denials for the request for individual psychotherapy one time a week for eight weeks. The employee made progress in the initial sessions and then was diagnosed with a co-morbid condition. While relatedness is not applicable in utilization review, there was still no medical necessity established with the information provided.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

1. ***Official Disability Guidelines***, Return To Work Guidelines (2007 *Official Disability Guidelines,* 12th edition) Integrated with Treatment Guidelines (*ODG Treatment in Workers' Comp,* 5th edition) Accessed Online