

US Decisions, Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 15, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual Psychotherapy 1 x/wk x 6 weeks (6)

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

MD, Certified by American Board of Psychiatry and Neurology
Licensed by Texas Board of Medical Examiners

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.

The reviewer finds that medical necessity exists for Individual Psychotherapy 1 x/wk x 6 weeks (6).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 6/25/08, 7/23/08

ODG Guidelines and Treatment Guidelines

, 6/10/08, 6/24/08, 7/16/08, 7/22/08, 6/3/08

, DO, 5/21/08, 7/7/08

Operative Reports, 4/9/08, 2/27/08

, MD, 3/12/08, 2/20/08, 1/30/08
MRI of Lumbar Spine, 10/29/07
Dr. , 11/8/07-1/8/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The Claimant is a male who sustained injury to his lumbar spine and left lower extremity on xx/xx/xx while lifting heavy boxes. He has been treated with pain medications, physical therapy and two injections. He was referred for behavioral medicine consultation to , M.A., on 6/3/2008. Ms. found a 35% decrease in overall functioning since the accident. Negative changes include less participation in social outings and family activities, anger, and insomnia. He has levels of 7/10 in vocational distress, 6/10 in muscular tension and 6/10 in nervousness and worry. A request for 6 sessions of psychotherapy has been made. Specific goals utilizing CBT have been outlined. The reviewer has denied this request stating that the claimant has only very mild depression and no anxiety and is not complaining of subjective depression.

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

The request for 6 sessions of CBT is appropriate for this individual. Ms. 's evaluation indicates behavioral changes have taken place since the claimant's accident, manifest by tension, anxiety and sleep disturbance. ODG guidelines indicate that it is appropriate to treat anxiety with psychotherapy or medications. In this case, 6 sessions of psychotherapy designed to decrease the claimant's anxiety and improve his overall functioning appears medically necessary and consistent with the guidelines. The reviewer finds that medical necessity exists for Individual Psychotherapy 1 x/wk x 6 weeks (6).

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)**