

I-Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 21, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual Psychotherapy 1 time per week for 6 weeks

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)

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 the previous adverse determination should be overturned and that individual psychotherapy 1 time per week for six weeks is medically necessary in this patient's case.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 12/21/07, 1/21/08

Letter to IRO, 2/8/08

ODG-TWC Guidelines, Low Back, Lumbar and Thoracic (Acute & Chronic)

MS, LPC, 2/23/07

Chronic Pain Management Program, Patient Treatment Goals, 10/10/07
Chronic Pain Management Program, Treatment Progress Reports, 10/8/07, 7/30/07, 5/30/07
Chronic Pain Management Program, Discharge Summary Report, 12/14/07
Response to Denial, 1/11/08
Letter of Medical Necessity, DC, 11/5/07
MD, 9/19/07
Physical Performance Evaluation, 10/5/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx-year-old female who was injured at work on xx/xx/xx while performing her usual job duties. On the date of the injury, she was cleaning up and attempting to place sheet pans onto a rolling cart. She lost her balance while attempting to do this, and twisted her back. She sustained an injury to her low back, eventually receiving a diagnosis of lumbar intervertebral disc disorder, without myelopathy. Reports indicate she received treatment and diagnostics to include EMG/NCV, MRI's, PPE, FCE, medication management, 4 individual therapy sessions, physical therapy, aquatic therapy, ESI's, and on 09-05 a laminectomy, discectomy and foraminectomy. She reached statutory MMI, and received a 23% impairment rating after the designated doctor evaluation of 06-29-06.

Patient was approved for, and received, a 20 day chronic pain management program, during which time she made significant progress toward accomplishing all of her goals. She was able to decrease her narcotic medication intake by 25%, decrease BDI score from 20 to 15, BAI score from 21 to 14, placing her in the high mild ranges for depression and anxiety. Sleep is also improved somewhat, and patient is stronger physically. The patient is interested in retraining, achieving her GED and has had an orientation through DARS.

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

The current request is for 6 individual psychotherapy sessions, 1 time a week for 6 weeks. ODG states that "chronic pain patients should be followed for at least 3 months after initial active treatment. The primary goal of follow-up is to help transition from active treatment to patient controlled application of treatment protocols, leading to more independence."

The patient is motivated, compliant, and has made good progress to date. She is on her way to a new lifestyle and new vocation, and continued support as requested is a medically reasonable and appropriate intervention at this time. Current request for 6 IT sessions is considered reasonable and necessary.

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)