

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: January 16, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

(90806) Individual psychotherapy 1 x 6 weeks

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

General and Forensic Psychiatrist; Board Certified by the American Board of Psychiatry and Neurology

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

Medical records from the Carrier include:

- Medical Centers, 06/01/07, 06/04/07, 06/06/07, 06/08/07, 06/10/07, 06/28/07, 07/01/07, 07/27/07, 08/17/07
- Hand & Upper Extremity Center at Orthopaedic Group, 08/21/07, 08/28/07, 10/19/07, 11/01/07
- 10/12/07, 11/14/07, 11/19/07, 11/26/07, 11/30/07, 12/12/07, 12/19/07
- Injury Clinic, D.O., 10/30/07, 11/09/07, 11/26/07, 11/28/07, 11/30/07, 12/03/07, 12/05/07
- 12/19/07, 12/20/07

Medical records from the URA include:

- Official Disability Guidelines, 2007
- Injury Clinic, 10/30/07, 11/09/07, 11/26/07, 12/12/07
- D.O., 10/30/07
- 11/30/07, 12/12/07

Medical records from the Requestor/Provider include:

- Injury Clinic, 11/09/07, 11/26/07, 12/12/07
- Psy.D., 11/26/07, 12/12/07
- D.O., 10/30/07

PATIENT CLINICAL HISTORY:

The services in dispute are individual psychotherapy of one session a week for six weeks. The review outcome is overturned.

The patient is a xx-year-old male who injured his elbow, neck, and lumbar region after a fall from a ladder. Many of his symptoms are improving; however, he has had a protracted recovery from an ulnar nerve injury that was operated on October 22, 2007.

The patient's treating physician referred him for an initial behavioral medicine consultation, which was accomplished on November 9, 2007. During that evaluation, he endorsed problems with sleep, anger, low confidence, feelings of hopelessness and worries. He was concerned about financial problems. He was administered the Beck Depression Inventory, which was scored at a 15, indicating reporting symptoms of mild depression. He was administered the Beck Anxiety Inventory, which was scored at a 28, indicating reporting moderate to severe symptoms of anxiety. He was diagnosed with an adjustment disorder with mixed anxiety and depressed mood. Individual psychotherapy was recommended. This was not authorized after the initial request and on appeal with the rationale that the documentation did not indicate that the symptoms are causing a delay in recovery and that the patient is not an appropriately identified patient.

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

It appears that the carrier was relating the proposed therapy to the patient's elbow pain; however, while the carrier may question the relatedness of the psychological complaint to the injury, this review is conducted based on the medical necessity of the proposed treatment for the adjustment disorder. The Official Disability Guidelines, under Stress Mental, Cognitive Therapy for General Stress, indicates that cognitive therapy is "Recommended. Stress management that includes cognitive therapy has the potential to prevent depression and improve psychological and physiological symptoms. As with all therapies, an initial trial may be warranted, with continuation only while results are positive. (Mino, 2006) (Granath, 2006) (Siversten, 2006)"

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)**