

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
12001 NORTH CENTRAL EXPRESSWAY
SUITE 800
DALLAS, TEXAS 75243
(214) 750-6110
FAX (214) 750-5825

Notice of Independent Review Decision

DATE OF REVIEW: July 16, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual psychotherapy 1 x 6 weeks to include CPT code 90806

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:

- , 06/06/08, 06/26/08
- , 06/18/08
- , 06/04/08, 06/06/08, 06/23/08, 06/26/08

Medical records from the Requestor/Provider include:

- , 07/07/08, 05/30/08, 06/18/08, 06/25/08
- , D.O., 04/19/08, 05/20/08, 06/16/08
- , 06/06/08, 06/26/08
- ECG Report, 08/29/07
- , 09/05/07, 09/10/07, 10/02/07

PATIENT CLINICAL HISTORY:

The patient injured his low back on xx/xx/xx. He has had evaluations to include an MRI, CT scans, myelogram, pain shots, and oral pain medications. The most recent treatment notes from the treating physician submitted suggest an ongoing evaluation of his pain.

The patient was referred to for an initial behavioral medicine consultation. During that evaluation, the patient reported problems of ongoing pain, difficulty working, and interference with recreational, social, and family activities. He was administered the Beck Anxiety and Beck Depression Inventories which suggested mild levels of anxiety and depression. Although, on his visual analog scale, the patient reported severe levels of irritability and restlessness, frustration and anger, vascular tension and spasm, nervousness and worry, sadness and depression, and sleep disturbance. He was diagnosed with an adjustment disorder with mixed depression that was felt to be secondary to his work injury. The recommendation for a trial of six individual visits for psychotherapy was made, which was not authorized.

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

Per the ODG Treatment Guidelines under Cognitive Therapy for General Stress, it is recommended that 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 when results are

positive. This is noted under the ODG Psychotherapy Guidelines, under Mental Illness and Stress. The ODG recommendation is an initial trial of six visits over six weeks, and with evidence of objective functional improvement additional visits for a total of up to 13 to 20 visits over 13 to 20 weeks would be appropriate. Therefore, my recommendation is to overturn the carrier decision.

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)