Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 6/10/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The services under dispute include six sessions of individual psychotherapy (1 time per week for six weeks).

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Ph D with additional certification in Counseling.

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)

The reviewer agrees with the previous adverse determination regarding all services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties:
(URA), (requestor), (carrier) and from (other treating doctor). The records from were not received until 6/6/08 and the reviewer had already finished the review; therefore, they were not forwarded to the reviewer. All other records were reviewed.

These records consist of the following (duplicate records are only listed from one source): URA- Review Determination by, PhD 05/01/08, Initial Behavioral Medicine Consultation by, MA, LPC 04/22/08 with addendum, MRI Report by, MD 03/21/08, Review Determination by, PhD, PA 05/13/08, letter 5/5/08 by and a Peer Review by 04/30/08.

Requestor: 5/21/08 letter by and Environmental intervention form by, Ph D 4/30/08,

Carrier: lodging documentation by, PT 4/22/08, Physical Performance Exam by 04/17/08, Electrodiagnostic Results by, MD 04/04/08, 3/7/08 exam by, various DWC 73's, various SOAP note forms from 3/7/08 to 4/17/08 (some of which are apparently blank or very poor copies), TWCC 69 dated 10/18/95 by, MD, 4/1/08 approval for PT, 4/21/08 approval for ESI, radiology report and work status reports from, 2/14/08 report by, PA and a 4/30/08 approval for 2 sessions PT,

We did not receive a copy of the ODG Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a xx-year-old male who was injured in a job related injury on xx/xx/xx. He was employed as a for Company where he has been employed for approximately 20 years. Per report, he was at work carrying a heavy pipe with a co-worker and indicated he felt an immediate onset of pain in his lower back and lower lumbar spine. The injury was reported to the company supervisor on 02/12/08. The patient sought medical treatment from the company doctor at where he received pain medication and x-rays. The patient did not return to work after that due to pain from his injury. The patient received and MRI of the lumbar spine on 03/21/08. The patient was referred to Dr.. The patient received a pain injection. His current medications are listed as Advil 500mg.

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

The provided medical records indicate that this gentleman reports minimal levels of depression and anxiety. He was also diagnosed with Adjustment Disorder related to his injury which is a mild and by definition short term diagnosis.
The 2007 Official Disability Guidelines recommends outpatient therapy for 0-7 visits as an effective treatment for 296.2 Major depressive disorder, single episode. As his mental health concerns are not reportedly as severe as MDD, there is not a medical necessity for psychotherapy at this time.

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)**