Notice of Independent Review Decision

DATE OF REVIEW: 10/21/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The services under dispute include individual psychotherapy 1 visit 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 licensed Ph D in psychology who has been practicing for approximately 7 years.

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 disagrees with the previous adverse determination regarding all services under review.

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

PATIENT CLINICAL HISTORY [SUMMARY]:
This patient is a male, medications reported sustaining compensable work related injury to his right leg on xx/xx/xx while performing his customary duties. He reported that he fell from a height of three floors. He had no loss of consciousness and was taken by ambulance to the emergency room at Medical Center on the date of injury. He suffered a L4 burst fracture, as well as an open right tibial plafond and shaft fracture. He underwent irrigation and debridement and placement of an external fixator to his right tibia.

He is currently not working. He reported an unremarkable medical history and denied any mental or emotional disorders or concerns impacting his independent functioning prior to the injury. He has eight years of formal education and speaks only Spanish. He has six siblings one of whom drives for him due to his back

pain and provided other support.

He reported difficulty with acts of daily living including: exercising/playing sports, sitting, walking more than 10 minutes, bending, squatting, lifting/carrying items in excess of 5 lbs., and climbing stairs. He endorsed sleep maintenance insomnia, loneliness, and feeling ignored and misunderstood. Results of the Beck Depression Inventory-II (BDI-II) and the Beck Anxiety Inventory (BAI) revealed the following: BDI-II score of 19 suggested mild depression; BAI score of 22 suggested moderate anxiety symptoms.

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

This patient is reporting a moderate level of anxiety as well as mild anxiety. "Stressing live events can lead to serious deficits of emotional and social function and decrease in vitality. Depressive mood, anxiety and a considerable reduction in the mastering of daily life activities are symptoms of these disorders. Social medical and economical consequences can be reduced by early diagnosis of left performance and psychotherapeutic interventions. The example of a man with adjustment disorder after an embolic brain injury shows how diagnosis of performance, and special psychotherapeutic treatment allowed the reintegration on the labor market." Ratzel-Kurzdorfer W, Franke C, Wolfersdorf M. (2003)

The reviewer indicates that the American Psychological Guidelines are more appropriate to use for this patient; therefore, the PRIMARY influence was not as per the ODG.

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)** Frank, R. G. & Elliott, T. R., Eds. (2000). Handbook of Rehabilitation Psychology. Washington, DC: American Psychological Association.

☒ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)** American Psychological Association. (1985). Standards for educational and psychological testing (rev.). Washington, DC: Author.

Frank, R. G. & Elliott, T. R., Eds. (2000). Handbook of Rehabilitation Psychology. Washington, DC: American Psychological Association.