



Notice of Independent Review Decision

DATE OF REVIEW: 9/25/08

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for six sessions of Individual Psychotherapy to be rendered at once every other week for twelve weeks.

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

Psychiatrist

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 previously denied request for six sessions of Individual Psychotherapy to be rendered at once every other week for twelve weeks.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Fax Cover Sheet dated 9/15/08.

- **Notice to Utilization Review Agent of Assignment of Independent Review organization dated 9/15/08.**
- **Notice to CompPartners, Inc. of case Assignment Sheet dated 9/15/08.**
- **Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 9/11/08.**
- **Request Form for a Review by an Independent Review Organization dated 9/11/08.**
- **Authorization Reconsideration Report dated 8/25/08.**
- **Authorization Request Non-Certification Report dated 8/14/08.**
- **Chronic Pain Management Program/Discharge Summary Report dated 8/6/08.**
- **Initial Diagnostic Screening Update dated 10/2/07, 9/7/07.**
- **Treatment Recommendation Report (unspecified date).**
- **Official Disability Guidelines and Treatment Guidelines (unspecified date).**

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Female

Date of Injury: xx/xx/xx

Mechanism of Injury: Fell over a cement parking block.

Diagnosis: Major depressive disorder and generalized anxiety disorder.

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

This female sustained an injury on xx/xx/xx, when she fell over a cement-parking block at night . The majority of the clinical information was taken from prior evaluation and reports of September 7, 2007. The claimant's chief complaint was of mood disturbance, sleep disorder, occasional concerns, and physical limitations. She had bilateral leg contusions and was given medication for pain. She complained of not being able to walk without pain. She denied any substance abuse. Mental status examination noted the claimant was alert, oriented, and cooperative with no thoughts of self-harm noted. She had mild to moderate scores on the Beck anxiety and depression scale. She had a prior recommendation for chronic pain management and was noted to be in individual therapy. Further assessments noted a diagnosis of major depressive disorder and generalized anxiety disorder. On August 6, 2008, the claimant was given a discharge summary report. At that time, a diagnosis of pain disorder associated with work-related injury medical condition, psychological factors of major depressive disorder and generalized anxiety disorder was made. It was noted the claimant continued with individual therapy and medication management and was on Hydrocodone and Ibuprofen, with somewhat decreased frequency than previous. She was noted to have a decrease in symptoms and severity in all of her pain assessments. She was noted to have mild anxiety and depression, although it did not appear and that the Beck anxiety and depression scale were reviewed at this time as the previous scores are referred to. It was noted that the

claimant had made significant progress. The request for individual psychotherapy six sessions was made in this discharge summary. It did not appear that the claimant was on any antidepressant medication. In the opinion of this reviewer, the claimant does not meet the ODG Guidelines for psychotherapy. She had completed pain management, and there were no clear treatment goals delineated as far as the need for six further sessions. The claimant had been involved in pain management and had mild symptoms of depression and anxiety, which has not required medications. The medical necessity of the requested interventions was not met, per ODG, which specifically do not support individual psychotherapy as follow-up sessions for chronic pain management without individualized treatment goals or treatment plan. It would appear that the claimant has progressed significantly and there was insufficient justification for the request based on available data.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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. 2008 – Pain – Psychiatric visits.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).