

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 04/07/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

4 sessions of individual psychotherapy

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

The TMF physician reviewer is a board certified orthopedic surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the proposed 4 sessions of individual psychotherapy is not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO 03/20/09
- Preauthorization Review Summary from – 03/05/2009, 03/18/09
- Request for medical dispute resolution from – 03/31/09
- Initial Interview and Request for Services by – 03/04/09

- Office visit note by Dr. – 09/23/08
- Pre-Authorization Intake form – no date
- Preauthorization Physician Review Form – 03/17/09
- Request for Reconsideration by Dr. – 03/10/09

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury when he was mowing a lawn and stuck his left foot in a hole twisting his left knee. The orthopedic surgeon performed left knee surgery on 06/28/07. The patient participated in physical therapy with little improvement and he complains of intermittent pain that is less intense than before surgery but continues to interfere with activities of daily living. The interviewing psychologist states that the patient suffers from chronic pain disorder associated with both psychological factors and a General Medical Condition and would benefit from four sessions of individual psychotherapy.

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

Psychotherapy in the workers compensation system needs to be part of an organized chronic pain management program. Independent psychotherapy sessions are not authorized unless they are a part of an organized chronic pain management program. The ODG makes this connection as a requirement for such treatment.

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)