COMPPARTNERS

URAC ACCREDITED INDEPENDENT REVIEW ORGANIZATION

Notice of Independent Review Decision

DATE OF REVIEW: **4/15/09**

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for:
90806 – Psychological counseling, 10 sessions.

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

Texas licensed Neurologist.

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X 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:
90806 – Psychological counseling, 10 sessions.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Fax Cover Sheet dated 4/8/09.
- Email Message dated 4/8/09.
- Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 4/8/09.
- Notice to CompPartners, INC. of Case Assignment dated 4/8/09.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization dated 4/7/09.
- Request for a Review by an Independent Review Organization dated 4/7/09.
- Texas Outpatient Reconsideration Decision: Non-Authorization dated 4/2/09.
- Texas Outpatient Non-Authorization Recommendation dated 3/11/09.
- Examination Notes(3/11/09 – 4/8/09) dated 3/11/09
- Company Request for IRO (unspecified date).

No guidelines were provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age:
Gender: Male
Date of Injury:
Mechanism of Injury: Slip and fall, struck shoulder.

Diagnosis: Depression disorder, lumbago, thoracic lumbosacral radiculitis, backache, pain in soft tissue of limb, closed head injury with post-concussion syndrome, posttraumatic stress.

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

The claimant is a male who sustained a work related injury on xx/xx/xx. The mechanism of injury was slip and fall in a parking log and struck shoulder. The claimant's diagnoses included 1). Depression disorder. 2). Lumbago. 3). Thoracic lumbosacral radiculitis. 4). Backache. 5). Pain in soft tissue of limb. The claimant’s history indicated a closed head injury with post-concussion syndrome, posttraumatic stress reaction of moderate degree to chronic pain. The provider recommended continued medication including Lexapro, Neurontin, Soma, and Hydrocodone, as well as psychological counseling and hypnotherapy. According to a previous review, the claimant reporting increasing difficulty as a result of his head injury. He reported that he becomes angry when he stopped taking the Lexapro. It appears he had not yet been seen by a psychologist to determine an

appropriate treatment plan. The claimant also has a history of depression and anxiety. The symptoms during this request were not well delineated. There was no delineation of an appropriate treatment plan or objective measurable goals. Assessment, according to ODG/ TWC "*…setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder).* " This should be outlined prior to recommendation for psychological counseling and hypnotherapy.

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.

x ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.

Official Disability Guidelines, Treatment Index, 6th Edition (web), 2008, Pain-Psychological treatment, Stress-Hypnosis.

□ 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).