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Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 04/20/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Four Sessions of Individual Counseling

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

Licensed Psychologist

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Progress Note, , M.D., 08/25/08

- Evaluation, , Ed.D., 11/05/08
- Functional Abilities Evaluation, , OH, D.C., 11/07/08
- Pre-Certification Request, , 12/30/08
- Denial Letter, , 01/16/09, 02/09/09
- Request for an Appeal, , 01/31/09
- The ODG Guidelines were provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient sustained a lower back injury when he slipped on a wet step and fell onto his back. He was most recently treated with Hydrocodone, Zanaflex and Lidodelum.

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

Four sessions of individual counseling are not medically reasonable and necessary for this patient.

The patient underwent a psychological evaluation on 11/05/08 which reported that the his Beck Depression Inventory score was 51, which indicates profound symptoms with questionable validity. The patient then underwent a functional abilities evaluation on 11/07/08, only two days after the psychological evaluation. In severe contrast to the BDI score of 51 two days prior, the patient's Hamilton Depression Rating was 17 on this date which is in the mild range of symptoms. This erratic reporting is indicative of poor validity and possible malingering. Additionally, in the psychological evaluation dated 11/05/08 the patient is reported to have "excessive dependency on pain medication or treatment drugs", but the patient is reportedly taking two tablets of a muscle relaxer and two tablets of an unspecified pain medication, which are identified as Hydrocodone and Zanaflex in the report of 11/07/08. The patient was subsequently diagnosed with a chronic pain disorder. There is no GAF noted in the report of 11/05/08 and the planned interventions are not all related to psychological problems identified for the patient to include anger management, and assertiveness training, facilitation of the grief process. The identified intervention modalities are generic and not specifically related to the individualized needs of the patient. Given the current clinical data, objective and subjective findings, four sessions of individual counseling are not medically reasonable and necessary.

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)**