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DATE OF REVIEW:

Apr/14/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy 1 x 6

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

MD, Certified by the American Board of Psychiatry and Neurology
Licensed by the Texas State Board of Medical Examiners

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male who suffered injury to his right hand on xx-xx-xx while working as a. A piece of rebar pierced his thumb, causing a cominuted fracture. He required initial surgery with placement of hardware and a second procedure to remove the hardware. He had a behavioral medicine consultation on, approximately 3 months after the accident. He still reported average daily pain as 7/10 and inability to work as 10/10. He reported significant difficulties and felt he was functioning at 50 % of his premorbid abilities. He experienced sleep disturbance, had a blunted affect, psychomotor retardation and significant anxiety. Brief psychotherapy was requested to ensure that he is engaged and compliant in his prescribed treatment, including any post-operative PT and other treatments to return to work. The request was denied by the insurance reviewer. The reviewer stated that "this is an acute injury with recent surgery (3 weeks ago). There is no evidence that these reported psychological symptoms constitute a delay in the usual time of recovery from this acute injury. These issued indicate that the request is not consistent with the requirement that psychological treatments only be provided for an appropriately identified patient."

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

The medical records indicate this patient does indeed have psychological symptoms that are consistent with anxiety, mood disorder and reaction to pain. However, the prior reviewer states that since the patient has undergone surgery 3 weeks prior, this is a normal and expected finding.

However, the records indicate this patient's pain began with his accident, which had occurred almost 3 months prior to the time of the behavioral evaluation. After 3 months of continuous pain, it is difficult to describe the situation as acute anymore. (The standard psychological definition of acute is less than one month.) The results of the evaluation are worrisome in that the patient seems to be frustrated and at the point of giving up. ODG guidelines suggest the clinician should "identify patients with high levels of risk of chronic pain and to subsequently lower the risk for work disability by administering a cognitive-behavioral intervention focusing on psychological aspects of the pain problem." It appears that this is exactly what is being requested and therefore it meets ODG guidelines as being medically necessary. The reviewer finds that medical necessity exists for Individual Psychotherapy 1 x 6.

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

ACOEM-AMERICA 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)