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Notice of Independent Review Decision

**DATE OF REVIEW:** August 6, 2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

6 sessions of individual psychotherapy

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

General and Forensic Psychiatrist; Board Certified by the American Board of Psychiatry and Neurology

**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:**

The disputed issue is six sessions of individual psychotherapy.

The injured is a male who injured his lumbar spine while lifting on xx/xx/xx.

The patient subsequently underwent lumbar surgery on April 9, 2009.

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The patient was evaluated with an initial psychological evaluation on June 16, 2009. He was reporting decreased participation in activities, problems with his sleep, mood swings, reduced concentration, avoidance, hopelessness, he easily angered, fatigue, unable to relax, increased sensitivity to others comments, and financial worry. He had a Beck Depression Inventory score of 24 and a Beck Anxiety Inventory score of 19. He was diagnosed with a pain disorder, an adjustment disorder, with mixed anxiety and depressed mood, and a sleep disorder. The recommendation was for a trial of six psychotherapy visits. This was not authorized; with the rationale that there was no indication of psychosocial issues impeding recovery that would necessitate it. On appeal, the provider cited the treatment for depression includes cognitive behavioral therapy. The denial of the appeal on July 7, 2009 was again based on the patient being in post surgical rehabilitation and improving and that, in the reviewer's opinion, there was no current clinical information to suggest any psychological issues were preventing recovery.

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

The patient appears to be having an adjustment disorder based on the submitted material. The ODG recommends cognitive therapy for general stress: "Stress management that includes cognitive therapy has the potential to prevent depression and improve psychological and physiological symptoms. As with all therapies, an initial trial may be warranted with continuation only while results are positive." Therefore, my decision is to overturn the carrier's denial.

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**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)