

I-Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/30/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Four (4) Sessions of Individual Counseling 1x/week x 4 weeks, 90806

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

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

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 9/15/09, 10/12/09
Healthcare Systems, 5/26/06, 3/30/06, 1/20/06, 12/12/05, 11/10/05,
7/12/06, 10/4/05, 9/2/09, 12/15/06, 11/17/06,
Healthcare Systems, 11/3/09, 10/6/09, 9/8/09, 8/18/09,
5/26/09, 3/3/09, 12/9/08, 10/14/08, 8/19/08, 2/19/08, 12/20/07, 11/20/07,
10/23/07, 9/25/07, 8/28/07, 7/31/07, 7/3/07, 6/4/07, 4/30/07, 4/9/07,
3/12/07, 2/19/07, 1/15/07, 9/15/06, 9/8/06, 8/4/06, 6/30/06, 6/2/06,
4/28/06, 3/27/06, 11/16/05, 6/11/05, 9/2/05(?), 7/22/05, 7/7/05, 6/3/05,
12/10/04, 11/12/04, 10/22/04, 9/22/04, 9/16/04, 1/21/05, 8/16/04, 7/15/04
Healthcare Systems, 9/22/06
Precertification Request, 9/10/09, 9/9/09
Evaluation, 9/2/09
Examination Findings, 8/18/09, 9/8/09
Request for an Appeal, 10/2/09

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male who was injured on the job on xx/xx/xx when he fell backwards and onto a pallet jack, subsequently injuring his low back. He currently remains off work due to physical disabilities, depression and anxiety. His medications include Zoloft 50 mg, Hydrocodone, Celebrex and Ambien. A request was initiated for 4 sessions of psychotherapy to address the psychosocial barriers that prevent the patient from becoming independent and

returning to work. Screening tests indicated depression, anxiety and high pain levels. Specific goals were listed, including developing pain control strategies, decreased reliance on pain medications, improved coping skills, and improved understanding of the link between stress and physical symptoms and to explore vocational options and goals. The reviewer denied the request stating there had been participation in CPMP in 2003 without any improvement. The reviewer also objected to the request as the patient was not receiving concurrent PT.

In a rebuttal letter dated 10/2/2009, the therapist refutes these claims, stating that the record does show that the patient has shown improvement in psychological symptoms from 2006 until 2009, making it likely that further treatment will be successful. The therapist also makes the case that this patient is an appropriate candidate for treatment under ODG guidelines, as the goals include reduction of pain medications as well as education of the patient on ways to control his pain with psychological techniques.

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

The insurance company reviewer's objections in his denial have all been adequately addressed by the appeal letter written by the provider. The patient indeed meets all ODG guidelines for limited individual psychotherapy. The reviewer finds that medical necessity exists Four (4) Sessions of Individual Counseling 1x/week x 4 weeks, 90806.

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)