C-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Nov/25/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual Psychotherapy 2x/week x 3 weeks

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

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Adverse Determination Letters, 8/20/09, 9/29/09
IRO Summary from Carrier, 11/9/09
Healthcare Systems, M.Ed., LPC, 7/8/09, 8/10/09, 9/5/09
PPE, 7/8/09
DDE, MD, 6/11/09
Dr. 11/11/08
Dr. MD, 11/12/08
Dr. MD, 11/14/08
Dr. 12/2/08
Dr. 12/3/08
Psychologist, 12/15/08
Dr. MD, 12/15/08
Dr. MD, 12/15/08
Dr. 4/21/09
Dr. 5/26/09, Dr 8/12/09
LPC, 8/12/09
MRI Lumbar Spine, 12/3/08
PT SOAP Notes, 8 visits, 11/13/08-8/12/09
Work Conditioning/Work Hardening Program, 18 sessions, 1/12/09-5/14/09

FCE, 12/18/08, 5/14/09
Employers First Report of Injury or Illness, xx/xx/xx
Statement, xx/xx/xx
Job Description
ODG Guidelines

PATIENT CLINICAL HISTORY SUMMARY
The patient is a male who was injured at work on xx/xx/xx while working. He sustained a back injury. He completed a work hardening program with some improvement. However, his symptoms have worsened and he experiences low back pain with radiations down his lower extremities. He has back spasms and swelling in his feet and numbness of his legs and has been unable to return to work. A request for CPMP was denied. In the application for this request, it was noted that the patient did suffer from depression and had been compliant with treatment. There was also concern that the patient's injuries might be permanent, and the patient has been searching information about his prognosis, causing additional anxiety and depression. A psychological evaluation dated August 10, 2009 showed continued anxiety on the BAI (score of 10) and depression on the BDI (score of 31). He has symptoms additionally of increased irritability and frustration, social isolation, anger and loss of interest. Accordingly, a request was made for 6 sessions of psychotherapy. This was denied by the insurance reviewer stating there was a lack of available information. The previous reviewer states there was little information about the patient's progress in WH. The reviewer also states that the patient reportedly participated in individual therapy in the past and groups in WH but states there is no detailed information about progress in those modalities. The reviewer also seems to have concerns that the patient is "still drinking".

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
In an appeal letter, LPC, has addressed each of the insurance company reviewer's concerns. She has clarified that the patient has not been provided with any individual counseling. The WH program provided limited psychological support with only group sessions and no individual sessions. The patient did attempt return to work after his WH program, but was not able to meet demand levels and was put on off work status. His goal is to return to work at Walmart. She also confirms that there is no history of alcohol abuse whatsoever in this patient. The goal of his 6 sessions would be to introduce positive pain management strategies to increase physical function and to help him work through irrational fears of activity.

In summary, the records made available for this review have addressed the prior reviewer's concerns. The rationale for treatment in this case is completely in accordance with ODG guidelines for individual therapy. The reviewer finds that the request meets the ODG guidelines for individual psychotherapy. The reviewer finds that medical necessity exists for Individual Psychotherapy 2x/week x 3 weeks.

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

[X] 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

[ ] 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)