

C-IRO, Inc.
An Independent Review Organization
7301 Ranch Rd. 620 N, Suite 155-199
Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: JANUARY 24, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Health and Behavior Intervention 1 x 4 CPT: 96152

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

MD, 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)

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.

The reviewer finds that medical necessity exists for Health and Behavior Intervention 1 x 4 CPT: 96152.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 12/1/08, 12/10/08
ODG Guidelines and Treatment Guidelines
IRO Summary from Carrier, 1/9/09
First Report of Injury, xx/xx/xx
Associate Statement, 5/2/08
Exit Interview, 8/23/08
Workers Comp Request for , 5/2/08
Initial ER Visit, 5/2/08
Doctors Notes, 5/5/08, 5/9/08, 5/14/08

Supplemental Reports, 5/5/08, 5/12/08, 5/19/08, 9/9/08
Dr. , DC, 9/12/08-12/12/08
Dr. , MD, 9/17/08
, MA, LPC, 11/3/08
MRI, 11/25/08
Dr. , MD, 12/8/08

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a xx-year-old female who injured her back on xx/xx/xx while working as a at . At that time, she lifted a 30 pound bag of pet food for a customer and immediately felt pain in her back. She has been treated with conservative medical and chiropractic care. She has been diagnosed with lumbar strain, cervical strain and pelvic segment dysfunction. A recent MRI has shown "a small left paracentral disk extrusion with some mild impingement on the thecal sac but without gross central canal stenosis and very mild degenerative disk disease at L4-5 and L5-S1." Despite appropriate treatment, she continues to experience pain and limitation of function not explained by her physical findings. A psychosocial screening has shown minimal depression but moderate anxiety. She also tends to minimize her psychological difficulties. A request has been made for a 4 session psychological evaluation to evaluate if psychological factors are currently impeding her recovery. The insurance reviewer has denied this evaluation because the requesting therapist was unable to clarify the patient's RTW status or ongoing medical treatment plan.

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

The medical records provided for this review show that the claimant has continued in chiropractic care through the end of December 2008 with some worsening of symptoms during the last few sessions. The MRI shows only minimal physical findings. The records provided note that this woman has some issues with depression, anxiety and sleep. The records note indications of underlying emotional difficulties. The records note the claimant is minimizing her psychological symptoms. The requesting provider wishes to investigate these issues further in order to discover factors that are hindering her recovery. ODG guidelines are supportive of this type of investigation. The reviewer finds that medical necessity exists for Health and Behavior Intervention 1 x 4 CPT: 96152.

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)