

# US Resolutions Inc.

*An Independent Review Organization*

71 Court Street

Belfast, Maine 04915

## Notice of Independent Review Decision

**DATE OF REVIEW: JANUARY 24, 2009**

**IRO CASE #:**

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

6 individual psychotherapy sessions between 12/22/08 and 2/5/09.

### **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  
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)

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 6 individual psychotherapy sessions between 12/22/08 and 2/5/09.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 1/7/09, 12/26/08

, MD, 1/15/08

, LCDR, MA, LPC, 12/18/08, 7/16/08, 8/13/08, 9/10/08, 10/9/08, 11/6/08, 12/4/08,  
12/30/08

Dr. , 10/22/08

Surgery Posting Form, undated

, MD, 9/8/08

, MD, 2/25/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Claimant is a male who worked in a xx. During his years there, he experienced several severe chemical explosions, most recently on xx/xx/xx. Prior to this, he had already experienced explosions so severe that there was great loss of life and severe injury to co-workers. He experienced injury during his most recent explosion, requiring surgery and other treatments without a full return of his function. He had a complete psychological evaluation by M.D. dated 1/15/2008. The diagnoses given were: PTSD, Major depressive disorder, Dependent Personality features, Diabetes, Axillary nerve damage, with Parkinson tremor of the right upper extremity and chronic cervical and low back pain complaints. In his narrative, Dr. summarizes his findings: "the patient has chronic depression and severe PTSD. Please note that the examinee did not have just one injury. There are accumulative effects of PTSD which the examinee actually improved from, relative to previous explosions. However, in the most recent explosion, he had multiple body part injuries which have compounded his psychiatric recovery and at this point it would be considered chronic. Ongoing individual psychotherapy, one to twice a month, and ongoing psychiatric/medication management, once a month, would be reasonable and necessary and consistent with chronic mental illness that has developed." In a reconsideration letter dated 12/20/2008, writes: "Mr. 's psychotherapy treatment is aimed to maintain his level of functioning, to prevent relapse of symptoms and psychological deterioration." The previous reviewer denied the request for 6 individual psychotherapy sessions between 12/22/2008 and 2/5/2009 stating they are not medically necessary, stating "There is no evidence of functional improvement in the previously provided psychological treatment notes that were submitted."

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

The evaluation by Dr. explains the severe, chronic nature of the claimant's PTSD and depression. The records in this case indicate the patient has experienced severe and multiple traumas in the workplace. Ms. states in her letter that the goal of treatment in this case is to prevent relapse and deterioration. The insurance company's reviewer used criteria designed for treatment after a single acute event. Those criteria are inappropriate in this case. The reviewer finds that medical necessity exists for 6 individual psychotherapy sessions between 12/22/08 and 2/5/09.

**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)