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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/10/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy 1x4 (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, 4/1/09, 5/12/09
Healthcare Systems, 3/30/09, 3/27/09, 2/23/09, 4/30/09

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male who was injured on the job on xx/xx/xx when a corrosive chemical spilled onto his left forearm/wrist. He washed with water and notified his supervisor. He returned for work for 6 hours, when he was assigned to gate duty. However, he did not continue this work because of the severe pain. His current physical complaints include lack of feeling in the fingers and thumb of left hand, burning sensation and difficulty holding objects. Records indicate he is motivated to return to work. Apparently, his only treatment is a topical analgesic. His leisure activities are curtailed as are his ability to perform routine chores. He has not learned to effectively cope with and tolerate pain. He has a distorted belief about the relationship between pain and disability which has lead to withdrawal from many activities. He suffers from mild to moderate anxiety, depressed mood, irritability and frustration, agitation, fatigue, poor sleep and fear avoidance. A request for 4 sessions of CBT was initiated to gain supportive and curative feedback for his injury and to regain hope for recovery. The request was initially denied as not medically necessary because his BDI and BAI showed only mild symptoms and he is not currently on any psych meds. On appeal, the request was again denied by Dr. He stated "the patient did return to work on xx/xx/xx.

Subsequently he suffered other health issues not related to his work related injury on xx/xx/xx.”

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

The request for 4 sessions of CBT is clinically indicated and fully in accordance with ODG guidelines which encourage a trial of CBT in certain patients with chronic pain. The records state that the request is not to treat a severe anxiety or depression, but rather to work on coping skills, avoidance of fear, and other barriers preventing the patient from returning to work. The request meets the ODG guidelines. The reviewer finds that medical necessity exists for Individual Psychotherapy 1x4 (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)