

Prime 400 LLC

An Independent Review Organization
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DATE OF REVIEW:

Jun/19/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy 1x/week x 6 weeks

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

Determination Letters, 3/31/09, 4/30/09

Injury Clinic, 3/24/09, 3/26/09, 3/30/09, 4/21/09, 4/29/09, 3/23/09

DO, 3/5/09

MD, 2/23/09, 12/18/08

Advanced Diagnostics, 5/1/08

MR Lumbar Spine w/o Contrast, 4/12/07

Evaluations, Inc., 7/11/07

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female who was injured at work on xx-xx-xx. She twisted her torso injuring her back. She was initially diagnosed with a lumbar strain. She has had 6 PT sessions. An initial MRI showed right central disc protrusion L4-L5 with minimal effacement right anterolateral thecal sac, but no foraminal or central canal stenosis, and mild annular bulge at L5-S1 and minimal annual bulge at L3-L4. An EMG on 5/1/2008 showed bilateral peroneal neuropathy and bilateral L4-L5 and S1 radiculopathy. DD evaluation on 9/30/2008 showed patient not at MMI. She has attended 20 sessions of work hardening and 6 sessions of IPT. She is on limited work duty with multiple work restrictions. EMG performed 2/14/2009 showed bilateral right, greater than left, L5 radiculopathy. She made good progress towards goals in WHP by improving ability to perform housekeeping chores, some work activities, increased tolerance to activity, and was able to return to work. She was taught relaxation techniques in IPT and reported increased relief from pain as well as feeling calmer, but continues to have some difficulties managing her pain and adjusting to limitations. The patient developed coping skills and problem solving strategies to be able to deal with pain from the injury and handling family situations effectively at the time.

Attending physician note from Dr. dated 3/5/2009 shows patient continues to have paravertebral spasm and tenderness in the lumbar spine and has a current diagnosis of lumbar herniated disc L4-L5, L5-S1, right lumbar radiculopathy, right piriformis spasm and intractable pain. A request for 6 additional sessions of psychotherapy was made and denied by prior reviewers. The rationale given was "LPC on self-referral (inconsistent with ODG) is not going to be able to address medical aspects of physical pain issues (likely to reinforce restricted status)."

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

The behavioral medicine consultation states that the patient has already completed a 20 session work hardening program with some improvement. The patient has shown additional improvement with IPT. An additional 6 sessions of IPT have been requested to complete the course. ODG guidelines indicate that if there is objective functional improvement with an initial trial of 3-4 psychotherapy visits over 2 weeks, then a total of up to 6 -10 visits over 5-6 weeks is appropriate. The consultant indicates that patient has shown objective improvement with a trial of IPT, so it is within the ODG guidelines for patient to complete the course of psychotherapy as indicated. The request meets the guidelines. The reviewer finds that medical necessity exists for Individual Psychotherapy 1x/week x 6 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

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)