

SENT VIA EMAIL OR FAX ON
Mar/16/2009

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

Amended 3/25/09

Date of Notice of Decision: Mar/16/2009

DATE OF REVIEW:

Mar/15/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

concurrent individual psychotherapy sessions X 6

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

Certified by the American Board of Psychiatry and Neurology with additional qualifications in Child and Adolescent Psychiatry

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

OD Guidelines

Denial Letters 12/31/08 and 1/30/09

Records from Dr. 3/23/04 thru 11/3/08

Case Notes 12/29/08 thru 1/30/09

Record from Dr. 4/25/05

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female who was injured on xx/xx/xx when she suffered a work related back and right shoulder injury with upper extremity pain complaints. She was later diagnosed with RSD. She has been treated with conservative care, medications and surgery. Current medications include Cymbalta, Remeron, Ultracet, Lunesta, Klonopin and Nexium. She has completed at least 84 sessions of individual psychotherapy. She continues to experience depressive symptoms, symptoms of anxiety, frustration and chronic pain. The records indicate that in 2005, M.D., a licensed psychiatrist, was asked to review the case. She

opined that the patient's true diagnosis is somatoform disorder rather than RSD. She disagreed that this diagnosis was causally related to the patient's work injury. However, she felt that the treatment for this condition should be mental health treatment and further opined "I do not see an endpoint for her psychiatric treatment." Dr. has requested individual psychotherapy every two months for the next year "to assure she does not regress to her former suicidal state. She has been cooperative with treatment and medication. She has tried to do more socializing over the past year but is embarrassed by her arm." The insurance reviewer denied this request with a lengthy discussion. This included pointing out that there are no individualized treatment goals provided and no time limited or objective criteria listed for treatment. The reviewer points out that ODG guidelines limit psychotherapy to 13-20 visits over 13-20 weeks and additional treatments should only be provided with evidence of functional improvement from previous psychological treatments and objective gains toward initial treatment goals.

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

This case is complex in two areas. One is that in 2005 it was discussed that the patient's diagnosis should be somatoform disorder, by nature a chronic disease requiring long-term, if not indefinite treatment. An opinion was expressed that this disorder was not related to the original injury. Nevertheless, the patient has continued to receive psychotherapy for this treatment for the past 3 years. It appears from the current attending physician's request that the patient still struggles with the same issues, although she has made some progress. The attending needs to continue treatment at this time to sustain the gains previously made and to prevent relapse. This brings up the second complexity, which touches on the way the reviewer sees the case. This is no longer an acute case in which there is any hope that the patient will return to pre-injury status. Rather, the implicit goal is simply to maintain the modest gains that have been achieved over many years of treatment. The ODG guidelines quoted by the reviewer, specifically citing 13-20 visits in 13-20 weeks have no relevance here whatsoever. That period was passed years ago when the decision was made to treat this woman. At this point, she requires maintenance psychotherapy just as she requires maintenance medication. Just as one cannot withdraw her pain medications simply because she needs them past the usual period listed in the guidelines, one cannot withdraw her maintenance psychotherapy.

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)