



INDEPENDENT REVIEW INCORPORATED

DATE OF REVIEW: 05/01/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten sessions of individual psychotherapy and hypnotherapy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., Diplomate of Congress of Chiropractic Consultants, 24 years of active clinical chiropractic practice, Texas Department of Insurance Division of Workers' Compensation Designated Doctor Approved Doctor's list, Impairment Rating and Maximum Medical Improvement Certified through Texas Department of Insurance Division of Workers' Compensation

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	Service Being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim #	Upheld Overturn
847.2	90806		Prosp.				xx-xx-xx		Upheld

INFORMATION PROVIDED FOR REVIEW:

- Case assignment
- Letters of denial, 03/031/09 and 04/14/09, including criteria used in denial
- Spine surgeon's evaluation and followup on 03/17/08, 06/17/08, 07/21/08, 08/26/08, 09/12/08
- Chiropractic office visits, 01/24/08 through 11/11/08
- MRI scans, 11/13/07
- Nerve conduction study, 12/05/07

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient was injured on the job on xx-xx-xx. The records indicate he had a previous back injury and surgery in 2001 and completed a chronic pain program at that time. Apparently treatment was started, but there must have been some type of dispute from the insurance carrier as to the compensability of his injury. In January 2008 a mental health evaluation was performed, and ten sessions of individual psychotherapy were recommended. There is no indication in the records whether this was performed. Over the next several months the patient had appropriate diagnostic testing performed, as well as therapy, which indicated the patient needed surgical intervention. However, there continued to be some type of dispute, and it was not until 03/19/09 that the patient underwent surgical intervention. The last office note available for my review was dated 03/27/09 from the treating doctor, which indicated they would have to wait until release from his surgeon prior to reviewing rehabilitation program.

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

The records indicate that the request for individual psychotherapy sessions and hypnotherapy was done prior to the patient undergoing surgical intervention. At this point there is no clinical justification for the patient to undergo the requested services at this time. ODG Guidelines do not allow for this type of request. Based upon the ODG, it is not reasonable, usual, customary or medically necessary for this patient to receive ten individual psychotherapy sessions and hypnotherapy.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, clinical experience and expertise in accordance with 22 years of practice established, accepted chiropractic and 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 national accepted medical literature (provide a description).
 - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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