

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: May 19, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual psychotherapy 1 x a week for 6 weeks to include CPT code #90806

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

General and Forensic Psychiatrist; Board 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

PATIENT CLINICAL HISTORY:

The patient injured her wrist on xx/xx/xx. She has had persistent pain complaints. There is some indication of a possible carpal tunnel syndrome. She has complicating medical conditions such as diabetes mellitus and hypertension. She underwent an initial psychological evaluation which found her to have severe complaints of depression and

moderate complaints of anxiety. She was diagnosed with major depressive disorder and pain disorder. A recommendation for six sessions of individual psychotherapy was submitted and not authorized. A designated doctor evaluation revealed the patient was at maximum medical improvement with 0% impairment rating. The EMG findings were likely due to her diabetes and the request did not appear to be reasonable and necessary per evidence based guidelines.

It has been almost a year since her injury, and depression and anxiety have been noted. It was similarly denied on appeal that the subjective complaints do not match pathology in

the physical examination findings by the designated doctor. A request for psychotherapy was denied.

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

While the reviewer concurs that there may be evidence to suggest the mood and anxiety complaints are not the direct result of the injury, reviews are based on medical necessity only and not compensability. Given this and the symptoms she is reporting, a trial of treatment for her depression falls within the ODG psychotherapy guidelines recommending an initial trial of six visits over six weeks, which is consistent with the requested services. Therefore, the initial denial of these services is overturned.

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)**