

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
12001 NORTH CENTRAL EXPRESSWAY
SUITE 800
DALLAS, TEXAS 75243
(214) 750-6110
FAX (214) 750-5825

Notice of Independent Review Decision

DATE OF REVIEW: November 12, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual therapy sessions 1 x week x 10 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

Medical records from the URA include:

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Medical records from the Requestor/Provider include:

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PATIENT CLINICAL HISTORY:

The patient was injured on xx/xx/xx, during the course of a robbery when he was pistol whipped. He had a brief loss of consciousness. He subsequently had neck pain and depression and anxiety complaints. His treating doctor prescribed him a low dose of Cymbalta, but continued to note through his records some posttraumatic stress disorder symptoms including, in November 2008, some suicidal thoughts with thoughts of jumping off a bridge. He went to the Department of Rehabilitative Services and was evaluated by Dr. on March 7, 2009, who documented posttraumatic stress disorder and also some neurocognitive difficulties, as well as borderline intellectual functioning. She notes that the patient meets criteria for posttraumatic stress disorder and as part of her recommendation, recommended psychotherapy. There was subsequent assessment from the patient's treating provider included in the documentation. The denials make reference to a psychological evaluation, which was not included in the documentation, and no specific treatment plans are noted besides a request for ten sessions of individual psychotherapy.

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

The ODG does recommend psychotherapy of specific types for posttraumatic stress disorder with trials of six visits over six weeks and additional visits based on objective functional improvement. The submitted material does not include the specific type of psychotherapy that is deemed recommended or a specific treatment plan, and the number of visits is excessive as well. While the patient likely does need psychotherapy, the submitted material does not support the requested sessions due to lack of specificity about the nature of the treatment that is going to be utilized and the expected outcomes.

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)**