

US Resolutions Inc.

An Independent Review Organization
1115 Weeping Willow
Rockport, TX 78382
Phone: (512) 782-4560
Fax: (207) 470-1035
Email: manager@us-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/24/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy 2x3 90806

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

Adverse Determination Letters, 9/28/09, 10/21/09

Law Offices 11/11/09

9/22/09, 10/12/09, 11/6/09

Electromyography, 4/7/09

CT of the Temporomandibular Joints, 12/31/08

Neurology, MD, 12/15/08

Clinic, 11/3/09, 10/20/08, 12/8/08, 11/11/08, 10/16/08, 1/20/09,

2/12/09, 3/13/09, 4/8/09, 5/4/09, 6/9/09, 7/27/09

Facial CT, 8/30/08

MD, 9/4/08

Medical Clinic, 9/8/08, 9/22/08

SOAP Notes, 1/21/09, 1/14/09, 1/7/09, 12/24/08, 12/17/08, 12/10/08, 12/3/08,

11/26/08, 1/23/09, 1/26/09, 1/30/09, 2/2/09, 2/4/09, 2/11/09, 2/13/09,

2/18/09, 2/23/09, 2/25/09, 2/27/09, 3/27/09, 3/17/09, 4/27/09, 4/24/09,

4/23/09, 4/22/09, 5/20/09, 5/5/09, 6/4/09, 7/2/09, 7/24/09, 8/12/09

MD, DDE, 1/29/09

Dr. MD, 2/27/09

MD, 6/18/09

Initial Mental Health Evaluation, 9/22/09

Appeal Letter, 10/12/09

ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male with a work related injury dated xx/xx/xxxx. He was injured with a saw that caused deep cuts into his face. A mental health evaluation performed on September 22, 2009 by M.A., L.P.C., found him to have pain disorder associated with both a psychological and a general medical condition. He was noted to be depressed and anxious, have difficulty sleeping, have poor concentration, feelings of helplessness and irritability and anger. A request was made for 6 sessions of individual therapy to help him with these symptoms. The insurance company reviewers denied the request.

The rationale was as follows: "The patient has not been placed on psychotropic medications to treat his psychological symptoms....There is no documentation to indicate that his cognitive function has improved to the point where he would be able to coherently understand and participate in psychotherapy and benefit from it. These symptoms need to be stabilized first before psychotherapy can be considered medically necessary for the patient."

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

The insurance reviewer in this case does not disagree with the diagnosis of depression and does not disagree that the patient needs treatment. He states that this patient must be treated with medication before therapy can be considered. The recorded mental status examination listed in the initial mental health evaluation does not show any barriers for this patient to participate in a therapy program. The mental status was recorded as follows: "There is no evidence of suicidal ideation. There is no evidence of a gross thought disorder or evidence of a substance abuse disorder. His memory appeared intact. Intelligence was calculated as average." There is documentation to indicate that the patient's cognitive function has improved to the point where he could participate in therapy. The ODG guidelines do not preclude in any way using cognitive-behavioral therapy in the absence of psychotropic medications. In fact, the guidelines seem to favor this approach. The guidelines clearly state: "Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons." The reviewer finds that medical necessity exists for Individual Psychotherapy 2x3 90806.

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 KNOWLEDGBASE
- 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)