Prime 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

Nov/19/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual Psychotherapy x 6 sessions, 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
Licensed by the Texas State Board of Medical Examiners

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 8/25/09, 9/15/09
IRO Summary from Carrier, 11/3/09
Appeal Letter, 9/10/09
Request for Review by IRO, 10/26/09
Dr. MD, Initial Consultation, 7/13/09, 7/27/09, 8/10/09, 8/24/09, 9/1/09, 9/8/09, 9/22/09, 10/6/09, 10/20/09
Xray Report, Dr. 7/16/09
Behavioral Medicine Evaluation, Dr. 8/6/09
Employers First Report of Injury or Illness, xx/xx/xx
History and Physical, 5/18/09
Discharge Summary, 5/19/09
Associate Statement, 7/8/09
Emergency Room, 5/16/09
Dr. MD, 5/19/09
Dr. MD, 5/26/09
Dr. MD, 5/26/09
6/9/09, 7/17/09, 8/27/09
Dr. MD, 7/8/09
CT Scan Head/Brain, 5/16/09, 5/17/09, 5/26/09
EMG/NCV, 9/3/09

Physical Therapy Visits x 14, 7/16/09-9/25/09
FCE, 7/17/09, 9/1/09
Injection, 10/19/09
Request for Preauthorization, 8/17/09
9/15/09
Team Conference Notes, 9/24/09

PATIENT CLINICAL HISTORY SUMMARY
This patient is a female employed was injured on xx/xx/xx . Apparently she fainted, fell backward and hit her head. Records show she has not returned to work since the injury. She was hospitalized for xxxx week after the injury. CT scan of the head was negative. She had short-term psychiatric intervention and was placed on an antipsychotic medication and an antidepressant and treated at the unit. Her physical diagnoses are head injury with LOC, cervical disc injury and right shoulder internal derangement. Her psychiatric history is long and complicated and includes 9 “nervous breakdowns”. She receives treatment through the Denton MHMR. Her current psychiatric medications are Depakote, Zyprexa, and Trazadone. A request was made in August 2009 for 6 sessions of individual therapy to address symptoms of depression, anxiety, fear and avoidance of activity, self-perceptions of disability and preoccupation with persistent, debilitating pain. The prior reviewer denied this request for several reasons, including a significant past psychiatric history and current psychiatric treatment through MHMR. The prior reviewer has also noted that it is unclear from the records how psychotherapy would be beneficial along with her current psychiatric treatment. The provider rebuts this argument stating “there has been no proposal to treat claimant’s pre-existing condition (i.e. bipolar disorder)…there is no specific indication that her ‘underlying Comorbid condition’ is having a direct impact on the claimant’s recovery.” The provider has diagnosed the claimant with an adjustment disorder and proposes a different type of therapy from the one used by MHMR to treat the patient’s bipolar disorder.

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

The claimant has a long history of severe mental disorder with diagnoses both of bipolar disorder and alcohol dependence, with references to alcohol withdrawal and possible seizure. The patient was hospitalized psychiatrically shortly after the injury and treated with antipsychotic medication and an antidepressant. The claimant still receives treatment from MHMR for bipolar disorder. Dr. , the requesting provider, seeks to address symptoms of depression, anxiety, fear, and avoidance of activity, self-perceptions of disability and preoccupation with persistent, debilitating pain through a standardized CBT program. The reviewer agrees with the prior reviewers that to proceed with a standardized CBT program designed for patients with an adjustment disorder would not be medically indicated in this patient’s case. The request does not conform to the ODG Guidelines and Treatment Guidelines. The records indicate the patient will continue to receive psychiatric treatment from her current treatment team, and the concerns about her pain perception can be addressed during the normal course of her current psychiatric treatment. The reviewer finds that medical necessity does not exist for Individual Psychotherapy x 6 sessions, 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 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)