



Notice of Independent Review Decision

IRO REVIEWER REPORT – WC NETWORK

DATE OF REVIEW: 04/01/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual Psychotherapy Six Sessions Over Six Weeks

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

Licensed Psychologist

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Individual Psychotherapy Six Sessions Over Six Weeks - UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Referral Action Request, M.D., 05/12/09
- Progress Note, Medical Group, 05/13/09, 05/15/09, 05/27/09
- Office Visit, , M.D., 05/19/09, 06/16/09, 08/26/09
- MRI Lumbar Spine, , M.D., 05/29/09
- Examination, , M.D., 06/02/09, 06/09/09, 06/30/09, 07/28/09, 08/04/09, 08/18/09, 09/15/09, 10/07/09
- Prescriptions, Dr., 06/02/09, 06/30/09, 07/28/09
- Neurological Evaluation, M.D., 06/11/09

- Re-Evaluation, Dr., 06/12/09
- Electroencephalogram, Dr., 06/12/09
- Evoked Potential Study, Dr., 06/12/09
- Lower Extremity Evoked Potential Study, Dr., 06/12/09
- Correspondence, Dr., 06/29/09
- Required Medical Evaluation (RME), , M.D., 07/22/09
- Correspondence, Dr., 07/21/09, 08/05/09
- Correspondence, , 07/30/09
- MRI Cervical Spine, , M.D., 08/13/09
- Evaluation, , D.C., 08/18/09, 09/02/09, 10/07/09, 10/21/09, 11/04/09, 11/24/09, 12/22/09
- Review of MRI Cervical Spine Scans, Dr., 08/25/09
- Peer Review, xxxxx, 09/08/09
- Consultation, , M.D., 09/23/09, 10/21/09
- Mental Health Evaluation/Treatment Request, xxxxx, 11/03/09
- Electro-Diagnostic Evaluation, , M.D., 11/09/09
- Procedure Note, , M.D., 11/25/09
- Initial Diagnostic Screening, , M.S., L.P.C., 12/04/09
- Follow up Note, Dr., 12/10/09
- Chiropractic Daily Progress & Therapy Notes, Chiropractic Clinic, 12/14/09, 12/15/09
- Pre-Authorization Request, xxxxx, 12/28/09, 02/11/10
- Response to Denial Letter, xxxxxx, 01/25/10
- Letter of Clarification, Dr., 02/05/10, 02/11/10, 02/19/10, 03/01/10, 03/04/10
- DWC Form 73, Dr., 10/07/09, 11/04/09, 11/24/09, 02/16/10, 03/02/10
- Evaluation, , M.D., 03/09/10

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient complained of neck and back pain after a large weight had fallen on the back of his head. He had considerable efforts at treatment, including physical therapy, injections and medications. An MRI of the lumbar spine showed a prominent broad base L5-S1 disc protrusion with moderate to severe narrowing of the spinal canal. There was also mild L5 retrolisthesis and facet joint arthropathy with moderate foraminal stenosis. An EMG did demonstrate C4 through C6 radiculopathy. An RME performed placed the claimant at Maximum Medical Improvement (MMI) as of 02/22/09 with a 5% whole person impairment rating. An ESI was performed on 11/25/09. The claimant's medication included Lyrica, Flexeril and Norco.

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

Based on the clinical information provided, the requested six sessions of psychotherapy one time per week for eight weeks is not medically reasonable and necessary.

The patient presents with only minimal indications of depression and anxiety that will most likely be resolved with the use of antidepressant medication. The patient's scores

on the Beck Depression and Anxiety Inventories are in the mild range, and there are no indications in the psychological assessment that would confirm anything more significant than a mild level of depression or anxiety. There is no indication in the submitted records that the patient's psychological issues impeded the patient's progress in treatment completed to date. There is no mention of any signs and symptoms of depression or anxiety in the medical records provided until 10/21/09. Designated doctor exam on 07/22/09 noted that the patient did not report any impaired memory and had no difficulty concentrating or following directions. He had no fatigue. He did not have any complaints of irritability. Review of systems dated 09/23/09 reports no depression, no aggression, and no anxiety. Given the current clinical data, the requested individual psychotherapy is not considered medically reasonable and necessary.

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)