

Clear Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/28/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy Sessions 1 X week for 4 weeks to include 90806

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

MD, Psychiatrist, 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

ODG Guidelines
Review Determinations, 2/3/10, 3/3/10
2/24/10, 1/19/10
Medical Clinic, 2/19/10, 11/6/09, 10/2/09
M.D., PA 10/7/98 to 6/1/09
Imaging Center, 1/26/09, 9/26/06, 1/6/04
Express Clinic 12/2/98
Diagnostic Center 11/10/98
Health Care System 11/1/02, 10/16/02, 3/7/05
Regional Hospital 8/31/01, 05/26/00, 2/22/00
Diagnostic 6/11/02, 3/12/02
Review 4/13/09

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female who was injured on xx/xx/xx with a neck injury. She has had 3 neck operations and a scar revision. She still has bilateral shoulder pain, arm pain and hand numbness. She takes Darvocet, which does not seem to help. MRI showed anterior fusion at C3 through C6 and EMG showed C6 radiculopathy. She has been diagnosed with Post Cervical Laminectomy Syndrome. On examination she had tenderness to palpation bilaterally, trigger points in the trapezius muscle bilaterally and restricted range of motion, bilateral muscle spasm and right muscle weakness. A request was made for 4 sessions of individual psychotherapy to address fear avoidance issues. The request was denied as claimant is more than 10 years from DOI and the reviewer felt that the chance of claimant benefiting from 4 sessions of psychotherapy was minimal.

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

A review of the medical records shows this woman has had a decade of pain with significant

pain behaviors that are ingrained. She has documented radiculopathy that has not been relieved with multiple treatments including surgery, PT and pain medications. The ODG discusses individual psychotherapy with CBT to support recovery after or during PT. However, the implication is that this is going to occur early in the course of the injury. As the prior reviewer correctly points out, too much time has passed since the injury for such brief treatment to be of any benefit at this time. The reviewer finds that medical necessity does not exist for Individual Psychotherapy Sessions 1 X week for 4 weeks to include 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

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)