

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 7/28/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

90806 Individual Psychotherapy: 1 x 6 weeks

QUALIFICATIONS OF THE REVIEWER:

Psychology

REVIEW OUTCOME:

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

90806 Individual Psychotherapy: 1 x 6 weeks Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Letter by, II dated 7/8/2010
2. Facsimile cover sheet by dated 7/8/2010
3. Notice of assignment of independent review organization by dated 7/8/2010
4. Fax cover sheet by dated 7/6/2010-7/8/2010 multiple dates
5. Request form by author unknown dated 7/6/2010
6. Letter by, MD dated 6/30/2010
7. Letter by, MD dated 5/26/2010
8. Fax cover sheet by, PhD dated 5/21/2010
9. Psychological testing results by, PhD and, PhD dated 5/5/2010
10. Follow-up note by, MD dated 4/28/2010
11. Patient face sheet by author unknown dated 4/12/2010
12. Initial behavioral medicine consultation by and, PhD dated 3/31/2010
13. History and Physical by, MD dated 3/1/2010
14. Review summary by, MD dated 1/15/2010
15. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a female whose date of injury is xx/xx/xx. On this date the injured employee tripped on a lamp cord and fell in a kneeling position, breaking her fall with her right hand. Diagnoses are listed as left knee sprain, right knee sprain-resolved, and right wrist sprain. The injured employee underwent initial behavioral medicine consultation on 03/31/10. Treatment to date is noted to include x-rays which confirmed no fractures, Tylenol, and physical therapy. The injured employee is not currently taking any medications. The injured employee reported that she has to utilize an electric cart to grocery shop and reports difficulty sleeping. Mood was dysthymic and affect was constricted. The injured employee self-rates irritability and restlessness 5/10; frustration and anger 3/10; muscle tension/spasm 6/10; nervousness and worry 2/10; sadness and depression 1/10; sleep disturbance 3/10 and forgetfulness 2/10. BDI is 2 and BAI is 2. Diagnosis is adjustment disorder with depressed mood, secondary to the work injury. The injured employee subsequently underwent four sessions of individual psychotherapy. The injured employee underwent psychological testing on 05/05/10. BDI is 12 and BAI is 26 at this time. BHI-2 profile exhibits a low level of subtle defensive tendencies and seems to indicate that her life circumstances are unusually difficult. The main concerns reflected in her profile seem to be related to stress or psychological factors that reflect a moderately high level of depressive thoughts or feelings. The injured employee reported a history of abuse. MMPI-2 profile presents no indications of over-reporting, but it reflects a slight elevation that indicates that the injured employee

Name: Patient_Name

attempted to present herself in a positive light. A previous request for individual psychotherapy was non-certified on 05/26/10 noting that a full and detailed neuromuscular examination was not provided, she had four mental health visits; however, treatment response was not indicated; and no plans to use psychotropic medications were documented. The denial was upheld on appeal dated 06/30/10 noting that the injured employee has undergone four sessions of individual psychotherapy to date, but no progress notes were submitted for review to document the injured employee's response to this treatment.

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

Based on the clinical information provided, the request for individual psychotherapy 1 x 6 weeks is not recommended as medically necessary, and the two previous denials should be upheld. The injured employee has completed four sessions of individual psychotherapy to date. Current ODG guidelines support continued individual psychotherapy only with evidence of objective functional improvement. The injured employee's increased Beck scales indicate that the injured employee actually worsened and there is no objective documentation submitted for review to establish that the injured employee benefitted from individual psychotherapy. Additionally, the injured employee has not been placed on psychotropic medications. Given the current clinical data, individual psychotherapy 1 x 6 weeks is not indicated as medically necessary. The recommendation is to uphold the previous denial.

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
- 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)