

# Core 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Aug/16/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** 6 sessions of psychotherapy

**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 with additional qualifications in Child and Adolescent Psychiatry, 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:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Insurance Denial Letters, 6/21/10, 7/23/10  
Injury 1, 7/30/10, 6/7/10, 6/17/10, 5/24/10  
Addendum, 6/7/10  
Reconsideration Request, 7/12/10  
ODG  
MRI of the Right Wrist, 5/21/10  
DO, 6/21/10, 5/10/10, 5/25/10  
, 3/26/10, 4/5/10  
NCV/EMG, 6/9/10

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male who suffered a work-related injury to the wrist on xx/xx/xx. The injury was caused by repetitive motion from. He has been treated with conservative care and medications. A psychological evaluation on 6/07/2010 indicates that the patient is experiencing severe depressive symptoms and moderate symptoms of anxiety. Diagnostic impressions included MDD and Pain Disorder. A request was made for 6 sessions of individual psychotherapy. The patient has recently been approved for additional physical therapy sessions. The insurance reviewer has denied the request. The reason for the denial is that "There is no evidence that these psychological symptoms constitute a delay in the usual time of recovery from this acute injury."

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

ODG guidelines recommend the identification and reinforcement of coping skills in cases of chronic pain. Patients should be screened for risk factors for delayed recovery, including fear avoidance beliefs. The initial therapy for these at risk patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone. The records reviewed stated that patient has been referred for PT. There is no record of failure to

progress from PT or evaluation of risk factors for delayed recovery. Thus, this reviewer agrees that the denial by the insurance reviewer is appropriate. The reviewer finds that medical necessity does not exist at this time for 6 sessions of psychotherapy.

**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)