

SENT VIA EMAIL OR FAX ON
Aug/11/2010

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/11/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

4 Individual Psychotherapy Sessions

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

Clinical psychologist; Member American Association of Pain Management

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

OD Guidelines

Denial Letters 6/4/10 and 6/30/10

Dallas 12/21/09 thru 5/13/10

MRI 1/22/10

Dr. 11/9/09 thru 7/20/10

2/9/10 thru 7/6/10

MRI 2/4/10

X-Ray Unknown Date

OP Report 4/12/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured on xx/xx/xx performing a job. Physician office note of May 7, 2010 shows patient to be recovering from surgery to the right shoulder. Patient's overall condition was rated as "fair" and patient rated his pain at 6/10. He was to start a course of physical therapy.

Patient had been referred to, and completed a course of 10 It and biofeedback sessions for depression and chronic pain. Re-assessment note of 5/13/10 shows 10-20% decreases in subjective ratings of pain, irritability, frustration, muscle tension, anxiety, depression, sleep problems, and forgetfulness. BAI has increased from 9 to 24 at midterm and is currently at 25 (severe). BDI decreased from 32 to 26 at midterm, but is currently at 34 (severe). Current request is for additional 4 biofeedback and IT sessions.

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

Although ODG recommends a stepped-care approach for treating injured workers, it appears that this approach has already been tried, and has failed. Current request for IT/Bio x4 does not adequately address overall worsening of symptoms when ODG recommended standardized testing instruments are applied. ODG states that additional IT sessions can be requested with evidence of objective functional improvement. Additionally, ODG and AMA require antidepressant assessment along with psychotherapy for severely depressed patients. Since patient evidences poor response to treatment, the current request cannot be considered medically necessary.

ODG:

Cognitive therapy for depression

Biofeedback

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)