Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/09/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
6 Individual Psychotherapy sessions

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified Psychiatrist

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG-TWC
Services Corporation Denial Letters, 6/7/10, 7/2/10
Injury Clinic 5/27/10, 3/26/10
Advanced Diagnostics 3/3/10
Pain Associates 5/26/10

PATIENT CLINICAL HISTORY SUMMARY
The patient is a woman who suffered a contusion to the right shoulder on xx/xx/xx. She complains of chronic neck, left arm and left leg pain after a trailer truck door struck her left shoulder and neck. She was treated with a surgical repair on 8/12/2009 but continues to complain of neck pain and numbness in her left arm. An EMG/NCV showed bilateral chronic C6 radiculopathy. She also exhibits signs of depression. She was referred for a psychological evaluation which indicated MDD. Baseline testing showed BDI-II of 19 (moderate) and BAI of 19 (moderate). She has received 6 sessions of psychotherapy. Repeat scores show little or no improvement and in fact some worsening of symptoms. She has also recently been started on low dose Cymbalta and Paxil. The treatment team has requested an additional 6 sessions of psychotherapy. This has been denied twice by the insurance company reviewers, who note that she had not shown improvement with the initial treatment. According to ODG guidelines, additional treatment can only be approved after objective evidence of improvement. In the rebuttal, the treatment team responded that the claimant has been experiencing financial distress and the therapist feels additional treatment would be beneficial. The therapist also felt that the patient may have had a bad day when she was evaluated and the results might not present a true picture of her functioning.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
There is no objective evidence of improvement, and some of the scales indicate worsening of this patient's condition. The treatment team notes a few modest gains, such as the patient is able to perform deep breathing relaxation techniques, but is not able to generalize these to other situations. Therefore, the request for an additional 6 sessions does not meet ODG

guidelines, and the denial should be upheld. The reviewer finds that medical necessity does not exist for 6 Individual Psychotherapy sessions.

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

[X] 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)