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Notice of Independent Review Decision

DATE OF REVIEW: 8/02/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 6 adult individual psychotherapy sessions (90806).

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

The reviewer is a Ph D and an LPC who is board certified in Psychology and Professional Counseling. This reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of 6 adult individual psychotherapy sessions (90806).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: and.

These records consist of the following (duplicate records are only listed from one source):

Records reviewed from: 5/27/10 denial letter response, 4/6/10 letter of clarification, 5/18/10 treatment progress report, daily notes by DC 1/20/10 through 5/5/10, 7/29/09 to 1/6/10 office notes by MD, undated peri-operative mental health eval report, 10/5/09 and 1/13/10 scripts by Dr., 9/16/09 office note by Dr., 9/29/09 diagnostic screening report, undated mental health treatment request form, 6/3/09 note by unknown party (1 pg), 7/20/09 initial interview report by Ph D, multiple dates of evaluation (7/20/09, 9/3/09 and 9/4/09) report consisting of pgs 1, 2 to 12.

: 7/16/10 letter by, IRO summary (undated), 3/21/09 DWC 1, associate statement 3/23/09, member profile report, various DWC 73's, 3/29/09 head CT report, 3/21/09 facial CT report, 3/21/09 to 3/29/09 office notes by MD, DWC 69 of 3/29/09, 5/8/09 to 6/16/10 office reports by DC, 3/12/09 to 6/9/10 office notes by MD, 5/26/09 brain MRI report, 5/29/09 report by MD, 5/29/09 neurodiagnostic report, 5/29/09 evoked potential report, 6/3/09 to 7/30/09 reports by DC, 7/15/09 cervical MRI report, 9/29/09 script, 9/17/09

script, 10/22/09 DD report by, MD, 11/2/09 and 12/2/09 handwritten notes by LPC, 11/19/09 neurodiagnostic report, 12/9/09 office note by Dr., 2/9/10 report by MD, 3/4/10 case management note, 3/22/10 IRO report, 5/24/10 preauth request, 6/14/10 preauth request, 4/16/10 hearing officer order, 5/27/10 denial letter and 6/21/10 denial letter.

A copy of the ODG was not provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

Ms. is a woman who was injured while working. She was hit on the head by store fixtures that fell from a shelf striking her head and right side of her jaw and shoulder. She reported the injury and sought treatment on the day of injury. She was returned to work within a week. Dr. did certify that she was at clinical MMI on 03-29-09.

It was later determined that she has cervical spine disorder related to her injury. Two attempts to authorize surgery for this disorder have been denied. Ms. has received physical therapy, 6 sessions of IT, MRI of the head and jaw, and ibuprofen for pain.

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

The IT was requested for the purpose of supporting Ms. through the pre-op and post-op process of a procedure that has been twice denied. The requesting therapist stated that these sessions would not be used until the surgery was approved, yet there is no indication that this will happen. Receiving authorization for therapy which may not be utilized soon or ever is not a reasonable request for services. Therefore, the request is denied as not medically necessary at this time.

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 KNOWLEDGBASE
- 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)