

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
12001 NORTH CENTRAL EXPRESSWAY
SUITE 800
DALLAS, TEXAS 75243
(214) 750-6110
FAX (214) 750-5825

Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 10, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual psychotherapy once a week for six weeks.

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

GENERAL AND FORENSIC PSYCHIATRIST
BOARD CERTIFIED BY THE AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

REVIEW OUTCOME

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

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the URA/Carrier include:

- Official Disability Guidelines, 2008
- Healthtrust, 11/03/10, 10/22/10, 10/27/10, 11/18/10
- M.D., 04/28/10, 05/05/10, 06/16/10, 06/23/10
- M.D., 05/20/10
- M.D., 06/03/10
- M.D., 06/08/10, 07/20/10, 08/19/10, 09/14/10, 10/12/10
- M.D., 06/14/10
- M.D., 08/03/10
- D.C., 09/14/10, 10/20/10

- 11/18/10

Medical records from the Provider include:

- M.D., 04/28/10, 05/05/10, 06/16/10, 06/23/10
- M.D., 05/20/10
- M.D., 06/03/10
- M.D., 06/08/10, 07/20/10, 08/19/10, 09/14/10, 10/12/10
- M.D., 06/14/10
- M.D., 11/08/10
- D.C., 09/14/10, 10/20/10
- 10/22/10, 10/27/10, 12/02/10

PATIENT CLINICAL HISTORY:

I am going to uphold the carrier's findings.

The patient was injured on xx/xx/xx, when a steel gate fell upon him, resulting in cervical and lumbar/back pain. There is a noted history of bipolar disorder. The patient is being treated with Depakote, which is a mood stabilizer. The patient initially had conservative treatment.

Due to signs of radiculopathy, the patient is given lumbar surgery. It is noted that the patient is improving by the operating surgeon. The cervical pain has improved substantially and, per the last notes of the orthopedic surgeon, the patient is feeling really good some days, with a little pain on others. The patient is to participate in post surgical therapy.

There is an initial psychological evaluation from ten days after that note by the orthopedic surgeon which notes there has been no improvement in pain and that the patient has had persistent depression and anxiety symptoms throughout most of his injury. This is not documented in other records, many of which specifically comment on the patient's mental status. There is no indication in that initial psychological evaluation of the patient's prior treatment for bipolar disorder, or any reasons for the discrepancy between the improvement submitted by other providers and what he is reporting to them, nor is there a review of prior psychological and psychiatric records.

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

The submitted initial psychological evaluation does not adequately explain a number of discrepancies in the chart, nor does it review the patient's prior psychiatric treatment adequately to substantiate the medical necessity of the proposed treatment.

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
- 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)