SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy once a week for 4 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/adverse determinations 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 Carrier Attorney include:

- Law Firm, L.L.P., 01/26/10
- Texas Department of Insurance, 01/19/10, 05/26/09
- Testing, Inc., 11/20/08
- DWC-73 Status Report, 12/05/08

- M.D., 12/05/08
- Texas Workers' Compensation Work Status Report, 01/27/09, 02/16/09, 03/23/09, 05/07/09, 04/09/09, 05/20/09, 06/11/09, 06/24/09, 07/16/09, 08/19/09, 08/20/09, 09/01/09, 09/08/09, 09/28/09, 11/19/09
- M.D., 02/26/09, 03/16/09, 03/26/09, 04/22/09, 05/28/09, 06/25/09
- M.D., 03/30/09, 04/13/09, 04/23/09, 07/02/09
- Diagnostic, Inc., 04/09/09
- Medical Center, 07/08/09
- M.D., 10/02/09
- Health, 11/18/09

Medical records from the Carrier include:

- Texas Department of Insurance, 05/26/09, 01/19/10
- Employers First Report of Injury or Illness, xx/xx/xx
- Medical Centers, 06/14/08, 07/08/08
- America, 07/03/08, 10/02/08, 10/14/08, 01/29/09, 07/17/09, 0819/09, 11/16/09, 12/04/09
- M.D., 09/18/08
- 10/02/08
- Chiropractic and Rehabilitation, Ltd., 10/09/08, 02/16/09, 03/23/09, 04/09/09, 05/07/09, 06/11/09, 06/24/09, 07/16/09, 08/06/09, 08/24/09, 09/01/09, 09/02/09, 09/03/09, 09/08/09, 09/09/09, 09/10/09, 09/17/09, 09/28/09, 10/08/09, 10/21/09, 10/28/09
- Direct, 10/15/08, 11/03/08, 04/24/09
- Rehabilitation, Ltd., 10/16/08, 10/20/08, 10/22/08, 10/23/08, 10/27/08, 10/28/08, 11/06/08, 11/17/08, 11/18/08, 11/20/08, 12/04/08, 12/11/08, 01/27/09, 02/16/09, 09/17/09
- MRI, 10/31/08, 11/25/08
- Testing, Inc., 11/20/08
- Open MRI, L.P., 11/24/08
- DWC-69, Report of Medical Evaluation, 12/05/08, 09/01/09
- M.D., 12/050/08
- Medical Associates, 01/05/09
- Health Systems, 01/19/09, 03/30/09, 12/07/09
- Texas Workers' Compensation Work Status Report, 01/27/09, 02/16/09, 03/23/09, 04/09/09, 05/07/09, 05/28/09, 06/11/09, 06/24/09, 07/16/09, 08/19/09, 08/19/09, 08/20/09, 09/01/09, 09/08/09, 09/14/09, 09/28/09, 10/28/09, 11/19/09,
- M.D., 02/26/09, 04/22/09, 05/28/09, 06/25/09, 08/13/09, 09/10/09, 10/08/09, 11/05/09
- M.D., 03/30/09, 04/13/09, 04/23/09, 07/02/09, 07/16/09, 07/23/09, 08/06/09, 08/24/09, 09/03/09, 09/17/09, 10/22/09, 11/05/09, 11/19/09
- Direct, 04/06/09, 06/16/09, 08/14/09, 08/19/09, 08/24/09, 09/23/09, 12/24/09

- Diagnostic, Inc., 04/09/09
- Diagnostic Imaging, 04/16/09
- Evidence Based Medicine Evaluators, 05/04/09, 08/25/09, 10/21/09
- Medical Center, 07/08/09
- D.C., 09/01/09
- Medical Supplies, 09/09/09
- M.D., 10/02/09
- M.D., 11/03/09
- M.D., 12/18/09

Medical records from the URA include:

- Official Disability Guidelines, 2008
- Texas Department of Insurance, 01/19/10
- MRI, 10/31/08, 11/25/08
- Testing, Inc., 11/20/08
- Health, 11/06/08, 11/18/09, 12/11/09, 12/31/09
- Direct, 12/16/09, 01/08/10

Medical records from the Treating Doctor/Requestor include:

- Health, 01/22/10, 11/18/09, 12/11/09, 12/31/09
- MRI, 10/31/08
- Testing, Inc., 11/20/08, 11/25/08, 01/08/10
- Direct, 12/16/09

PATIENT CLINICAL HISTORY:

The disputed services are four sessions of psychotherapy. The decision is to uphold.

The patient was injured on xx/xx/xx. The accepted injuries include degenerative joint disease, de Quervain's tendinitis, tenosynovitis, and a tear of the triangular fibrocartilage of the right forearm. She has had both conservative and surgical treatment and physical therapy.

There is an initial psychological evaluation from November 18, 2009, with subsequent psychological testing where the conclusion is she has a major depressive disorder and a pain disorder. There is evidence of a pre-existing psychological dysfunction. The proposal is for four sessions of individual therapy in preparation for a chronic pain management program.

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

The medical necessity cannot be supported due to poorly defined treatment goals. The initial stated goal is to relieve the depression so that she can be transferred to a chronic pain management program. However, many of the treatment goals focus on pain management ACOEM Guidelines which suggest that the multimodal approach is required. It is unclear why individual psychotherapy is mandated at this time. With the treatment goals that are stated which involve a focus on pain management, the negative predictors of success that is required by ODG are not adequately addressed in the report.

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)**