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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/20/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy, 1 x 6 weeks

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

MD, 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

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 11/20/09, 12/18/09

Health 12/14/09, 11/12/09, 12/17/09

M.D. 10/21/09, 11/3/09

Hospitals 10/8/09

Diagnostic Imaging 11/2/09

Imaging 12/8/09

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male who was injured at work on xx/xx/xx when a ladder broke and he fell across the railing, injuring his back. He was diagnosed with transverse process fractures and treated with a lumbar corset, TENS unit and pain medication. He had a history of depression exacerbated by the loss of his wife and mother the year prior to his accident. He was being treated with Prozac at the time of the injury. He had a behavioral health evaluation on 11/12/09 by. Her history and clinical interview including mental status examination led to a diagnosis of major depressive disorder, single episode, secondary to a work-related injury. His scores on the BDI and BAI were in the severe range. She noted that the patient had experienced significant changes in his psychological functioning since his injury. She recommended 6 sessions of individual psychotherapy with goals of decreasing his depressive symptoms and increasing his functioning. Two Hartford insurance company reviewers denied the treatment. The first reviewer focused on the fact that there was no

evidence that behavioral factors were contributing to a delayed recovery because the injury was still in its acute phase. He also said that there was no report of PT being provided, so there was no evidence that there was a lack of progress with PT alone. He said this meant that the patient was not “an appropriately identified patient” using ODG guidelines. The second reviewer also denied the request, but for a different reason. He said that the examiner failed to prove that the patient had Major Depressive Disorder and criticized the use of the BDI for assessment. He did not like the examiner’s goals, calling them “subjective and psychometric”.

He also criticized the appeal letter, stating that the diagnosis of MDD is not supported. Secondly, he states he does not believe a depressive disorder can be caused by a pain disorder and finally, treating psychological symptoms is not appropriate, so the patient is not appropriate for treatment. The reconsideration letter rebuts by stating that the request for treatment is based on treating the patient's depression, not his pain disorder. ODG guidelines are quoted as supportive of such treatment and in fact encouraging diagnosis and treatment of depression with psychotherapy rather than medications. The letter also quotes Texas Labor code regulations that support health care that promotes recovery and enhances the employee's return to work.

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

The medical records indicate that this patient's depression has greatly worsened since his accident. Secondly, the treatment goals identified in the request are reasonable to improve his chances of recovering and being able to adapt to his injuries and possibly return to work. These goals are supported by ODG guidelines. The examiner has reported the patient's history and mental status exam, and they meet the diagnostic criteria for a diagnosis of major depressive disorder. This diagnosis is to be made on clinical grounds comparing the patient's information to the diagnostic criteria in the DSM-IV. The BDI and BAI are not meant to be diagnostic instruments, but merely a gauge of the level of symptomology that can be followed to measure the response to treatment. The DSM-IV has specific diagnoses such as "acute stress reaction" and "adjustment disorder with depressed mood" for psychological reactions to acute situations. Based on the ODG criteria and the medical records provided for this case, the reviewer finds that medical necessity exists for Individual Psychotherapy, 1 x 6 weeks.

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)