

US Resolutions Inc.

An Independent Review Organization
1115 Weeping Willow
Rockport, TX 78382
Phone: (512) 782-4560
Fax: (207) 470-1035
Email: manager@us-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/02/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Individual Psychotherapy 1x4

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

Direct, Adverse Determination Letters, 10/20/09, 11/16/09

Pre Authorization Request 10/15/09, 10/27/09

9/25/09

Medical Centers 9/8/09, 9/29/09

Work Status Report 9/29/09

ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male who was injured on xx/xx/xx in a work related injury. He was placing a heavy object on a palette when he felt a sharp pain in his lower back. An MRI of the lumbar spine revealed a 6 mm. herniated nucleus pulposus. Since he was injured he has been treated with a structured physical therapy program, a steroid injection and prescription medication. His diagnoses include lumbar herniated nucleus pulposus. He has intermittent and terminal sleep disturbance. He was assessed with the BDI and BAI as having mild depression and mild anxiety. He also shows a high level of fear avoidance on a scaled measure. A request has been made for 4 sessions of IT to assist with his stress levels and assist him with complications surrounding the injury. The sessions would focus on changing irrational thought patterns. The service was denied by the insurance reviewer who felt the patient was not an appropriate candidate for such therapy. Some of the reasoning includes the following: "There is no evidence that these minimal to mild psychological symptoms are causing a delayed recovery from this injury. CBT for depression or anxiety is only appropriate when it is the primary focus of treatment which is not the case here. There is no quality evidence to support the independent provision of CBT for treatment of patients with chronic pain syndrome."

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

The prior adverse determinations in this case are upheld. The request for IT is not supported by a clear link between the patient's depression and anxiety and his pain syndrome. Given his herniated disc, much of his fear avoidance, i.e., "physical activity makes his pain worse, his work aggravated his pain, his pain was caused by his work or by an accident at work," are not irrational beliefs but fairly accurate assessments. Thus a CBT program aimed at "correcting his irrational beliefs" does not conform to the guidelines. The reviewer finds that medical necessity does not exist for Individual Psychotherapy 1x4.

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)