

# MEDR X

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 12/22/09

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The item in dispute is the prospective medical necessity of 6 sessions of individual psychotherapy counseling.

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

The reviewer is a Ph D in Psychology with a subspecialty as an LPC. This reviewer has been practicing for greater than 5 years and performs this type of service in private practice.

**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 disagrees with the previous adverse determination regarding the prospective medical necessity of 6 sessions of individual psychotherapy counseling.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties: Travelers Indemnity Company and Bodies in Balance

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

Records reviewed from Company: Denial Letter – 11/17/09 & 11/25/09.

Records reviewed from Balance: Appeal Letter – 11/18/09, Initial Mental Health Eval – 11/4/09, Individual Treatment Plan of Care – 11/1/09, Medication Management – 11/6/09, FCE Report – 11/4/09; Clinic Follow-up Notes – 11/12/09; MD Operative Report – 9/14/09, Office Notes – 8/9/06-4/11/08, ; MD Follow-up Report – 5/8/09-7/20/06, Initial Consult – 4/10/06.

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

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient is a male, who reported sustaining a compensable work related injury to his left wrist on xx/xx/xx. He was standing on an 8 foot ladder when he turned and lost his balance falling off and injuring his wrist. He had surgery on the wrist and had a steel plate installed. He had a second surgery to remove the hardware on 07/02/08. He has had physical therapy which has not helped. He rated his wrist pain in November 2009 at an 8 or 10. He continues to experience frustration and feelings of desperation. He reported feeling a loss of independence due to his inability to perform normal daily tasks as well as prior to his injury. He has difficulties holding objects in his left hand without dropping them. He has low energy, poor concentration and loss of interest in most activities. He has not worked since the injury.

The patient has never been married and has no children. He denied past medical conditions, alcohol or drug use/abuse, or prior psychological concerns. It is reported that he has no formal education. He reported weekly crying spells, irritability and feelings of desperation. He reports difficulty sleeping due to wrist pain which exacerbates his anxiety. He has poor concentration, low energy, and a loss of interest in most activities. He denies suicidal ideation.

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

It is the reviewer's professional opinion that the disputed service is medically reasonable and necessary based on the medical records provided. The patient's BDI and BAI indicate severe emotional concerns which would greatly interfere with his ability to recommence his physical therapy and thus attain the goal of returning to work. The ODG cites cognitive therapy as an appropriate response to treating Pain Disorder. Specifically, it states "cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective."

**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)**