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Notice of Independent Review Decision

DATE OF REVIEW: 07/08/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Four (4) one hour sessions of individual health and behavioral interventions.

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

Texas Board Certified Physical Medicine Rehabilitation
Certified in Hyperbaric Medicine

REVIEW OUTCOME

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

Overtured

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical notes by Dr. dated 01/08/10 till 05/28/10
2. Clinical notes by Dr. dated 02/17/10 till 04/07/10
3. Clinical note by Dr. dated 03/08/10
4. Procedure note by Dr. dated 03/24/10
5. Prior review by Dr. dated 04/14/10
6. Prior review by Dr. dated 06/22/10
7. Cover sheet and working documents
8. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx.

The initial consultation dated 01/08/10 reported the employee was injured when he slipped and fell at work, landing on his buttocks and bilateral elbows. The employee complained of low back pain with numbness in the right leg.

A behavioral medicine evaluation dated 03/08/10 reported the employee's mood as mildly to moderately anxious and depressed. The note reported the employee was previously treated with x-rays, MRI, physical therapy, and medication management. The employee was noted to have a BDI-II score of 16 and a BAI score of 11. The employee was recommended for four hours of health and behavioral interventions to reduce dysfunctional attitudes towards pain, and improve self-relaxation skills to improve coping with pain.

A procedure note dated 03/24/10 reported employee underwent bilateral lumbar facet medial branch blocks at L4 and L5.

A prior review by Dr. reported the request for behavioral interventions was denied secondary to a lack of evidence to support the employee's mild psychological symptoms had constituted a delay in the usual time of recovery and no documentation of lack of progress in physical therapy sessions.

A letter of appeal dated 05/04/10 reported the employee had work restrictions that prevented him from returning to full duty. The employee was also noted to have fear avoidance of activities. The employee was again recommended for behavioral intervention.

A clinical note dated 05/20/10 reported the employee complained of neck and low back pain. The note reported the employee was depressed. A prior review by Dr. reported the request for behavioral interventions was denied secondary to "inadequate" psychological evaluation.

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

The request for four one hour sessions of individual health and behavioral interventions is medically necessary at this time. The psychological evaluation submitted for review reported clinical observations and psychometric testing scores consistent with depression, anxiety and fear avoidance. **Official Disability Guidelines** recommend up to six initial individual psychotherapy sessions for employees with depressive symptoms.

The most recent prior review submitted for review indicated that the psychological evaluation and psychometric instruments were "inadequate." The

psychometric instruments administered on the psychological evaluation dated 03/08/10 were valid tests.

In consideration of the records and facts presented, there is sufficient supportive evidence to recommend four one hour sessions of individual health and behavioral interventions. As such, medical necessity for the request for four one hour sessions of individual health and behavioral interventions has been established.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

1. ***Official Disability Guidelines***, Mental Illness and Stress Chapter
2. ODG Psychotherapy Guidelines:
3. Initial trial of 6 visits over 6 weeks
4. With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)