

I-Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual psychotherapy sessions x 4 sessions CPT 90806

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
Adverse Determination Letters, 3/29/10, 4/28/10
, DC 1/18/10, 1/20/10
MRI & Diagnostic 1/25/10, 1/26/10
Medical Center 1/26/10
Diagnostic 2/1/10, 2/8/10
Rehab. 3/2/10, 4/13/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female who was injured while driving her personal vehicle on company business. The DOI was xx/xx/xx. She was hit from behind by an 18-wheeler while trying to exit the freeway. She had various scans that showed disc bulges without significant cord or nerve root compromise. Her diagnoses were sprain/strain of the neck, thoracic region, spasm of muscle, right knee sprain/strain, left wrist sprain/strain, both shoulder sprain/strain and abdominal sprain/strain. She underwent 10 sessions of PT and prescription medication with marginal results. Psychometric testing showed a moderate to severe level of depression that was also noted on her mental status exam. She scored at a severe level on the Fear Avoidance Scale as well. Her psychiatric diagnoses are Pain Disorder Associated with both Psychological Factors and a General Medical Condition and Adjustment Disorder with Anxiety and Depressed Mood. A request was made for four sessions of psychotherapy which was denied by the insurance reviewer. Subsequent to the denial, it became known that she was 9 weeks pregnant at the time of the accident and suffered a miscarriage. The new request for treatment took this into consideration when developing the treatment plans and goals. The insurance reviewer again denied the request, stating that the effects of the miscarriage were not evaluated in the psychological evaluation and that there is no objective evidence that any risk factors for delayed recovery are present.

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

The prior reviewer felt that there is no indication for treatment as there are no risk factors for delayed recovery and no evidence of failure of PT. He also questions the tests used in the assessment as well as the treatment goals. Based on the records I reviewed, it would appear that the assessment tools used by the referring clinician are fairly standard, typical, and the same scales generally used in ODG. The record also states that the claimant has completed 10 sessions of PT with minimal improvement. The patient evaluated shows anxiety, depression and fear avoidance on all the utilized scales and clinical interview. This is sufficient to justify the requested treatment as medically necessary. Furthermore, although further detail regarding the effect of the miscarriage is not included in the record, given that the claimant was depressed and anxious, it should be self-evident that that the additional stress of the miscarriage will cause an added burden and lead to a delay in recovery. The treatment plan is adequate for the requested services. The requested services clearly meet ODG guidelines and should be provided. The reviewer finds that medical necessity exists for Individual psychotherapy sessions x 4 sessions CPT 90806.

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)