

Prime 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/24/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

90806 Addtl Individual Psychotherapy 1xwk x6wks

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, 4/21/10, 3/23/10

Behavioral Health Associates 4/15/10, 3/16/10

DC 2/10/09 to 4/6/10

M.D. 4/14/10, 3/5/09, 7/29/09, 11/4/09, 12/30/09,
3/10/10

MRI 10/3/08 to 1/12/09

Orthopaedic LLC 2/27/09, 4/22/09, 4/1/09, 6/10/09

Chiropractic Clinic 3/21/09 to 4/15/10

AR-CMI 10/1/08

Medical Group 10/1/08

M.D. 12/3/08, 12/12/08, 1/9/09, 1/21/09

Hand 12/12/08, 1/8/09

1/9/09

MD 1/19/09, 4/29/09

Imaging 9/2/09

Reference Lab 9/8/09

Special Surgery 9/8/09

Practice Associates 4/10/10

PATIENT CLINICAL HISTORY SUMMARY

The Patient is a female who sustained an injury to her right elbow while hanging up clothes as part of her duties at on xx/xx/xx. She has had PT, injections and surgery for lateral epicondylitis performed 9/2009. She had some relief from the procedure but has continued to experience pain and loss of function. She was given a psychological diagnosis of adjustment disorder with depressed mood. She received 6 sessions of IT with a small amount of improvement. Her BDI dropped from 20 to 18. A request for 6 additional sessions of IT was made. Three goals were listed: 1: To specifically address sadness, dissatisfaction, pessimism, crying irritability, indecisiveness, punishment, self-accusations, self-dislike, guilt, sense of failure, body image change, somatic preoccupation, fatigability, insomnia, loss of appetite, loss of libido, and work difficulty; 2: to specifically address unable to relax, fear of the worst happening, terrified, nervous, scared, fear of losing control, numbness or tingling, wobbliness in legs, hands trembling, shaky, feeling hot, indigestion or discomfort in abdomen, face flushed, and sweating not due to heat; 3: specifically trouble falling asleep, waking up during sleep, cannot stop thinking while trying to fall asleep, morning fatigue, legs jerk during sleep, and cramps, pain or crawling sensation in legs while lying in bed. It was noted that the patient was taking Cymbalta 20 mg. BID. This is a subtherapeutic dosage. The request for psychotherapy was denied by two peer reviewers. The first reviewer felt that if the initial therapy had been truly successful, the patient would have shown better coping skills in dealing with the cancer death of her sister-in-law. The second reviewer denied the request due to absence of a plan/encouragement by the treating provider for progressive return to work.

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

The reviewer agrees with the first reviewer that the record does not show a marked improvement in the patient's clinical status following the initial 6 sessions of IT. According to ODG, additional therapy is indicated only when it is clear that progress has been made. Secondly, the three goals for the therapy and the symptoms intended to be addressed are not consistent with the diagnosis of adjustment disorder with depressed mood. Given the small response to the initial 6 sessions of IT, the reviewer finds that medical necessity does not exist for 90806 Addtl Individual Psychotherapy 1xwk x6wks.

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 KNOWLEDGBASE
- 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)