

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: April 12, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual psychotherapy once a week for six weeks.

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

General and Forensic Psychiatrist
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

Medical records from the URA include:

- Official Disability Guidelines, 2008
- D.O., 01/25/10

- xxxx, 01/28/10
- xxxxx, 01/26/10
- Injury 1, 01/28/10, 02/10/10, 03/08/10
- xxxxx, 01/21/10
- 02/17/10, 03/17/10
- Texas Department of Insurance-IRO Request Form, 03/19/09
- Texas Department of Insurance, 03/23/10

Medical records from the Provider include:

- 02/17/10
- xxxxx, 01/21/10
- Injury 1 01/28/10, 03/08/10, 03/15/10, 03/23/10
- xxxxx, 01/28/10
- xxxxx, 01/26/10

PATIENT CLINICAL HISTORY:

I am going to overturn the insurance company's determination.

The patient was involved in a motor vehicle accident on xx/xx/xx, when she was rear ended at an apparently high-rate of speed, resulting in a neck and shoulder injury.

There was a psychological referral and evaluation on January 28, 2010, which demonstrated moderate anxiety, mild depression, and insomnia. The patient's mood is reported as anxious. She has decreased range of affect and problems with irritability, frustration, and anger, muscle tension, and nervousness. The patient is diagnosed with an adjustment disorder. There are six sessions of individual therapy requested. Those are not authorized, and on appeal, it is noted that the initial reviewer said he was going to authorize them, however, that was not changed. The appeal cites that her treatment has had delayed recovery over the Medical Disability Guidelines for Texas, and per the physical therapist, the patient is not progressing as expected.

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

The ODG recommends cognitive therapy for general stress, with an initial trial of six visits over six weeks. Additionally, there does appear to be evidence of a delayed recovery, and the potential for psychosocial factors do interfere with recovery. The ODG does support the employment of cognitive behavioral therapy as part of that as well.

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)