

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/24/2010

**IRO CASE #:**

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

Mental Health Counseling x 12 sessions (96152)

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

MD, Board Certified by the American Board of Psychiatry and Neurology  
Licensed by the Texas State Board of Medical Examiners

**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

Corporation, Preauthorization Determinations, 3/17/10, 2/26/10

4/6/10, 11/5/09, 4/8/10, 2/21/09, 4/1/10, 11/12/09, 12/31/09, 1/21/10

Ph.D. 3/12/10

**PATIENT CLINICAL HISTORY SUMMARY**

The patient suffered a "severe accident last xx/xx." In the assessment performed by , the diagnosis was adjustment disorder with mixed anxiety and depressed mood and PTSD to be ruled out. "He has had to face the fact that his recovery is long-term and that he may never be the person he was before the accident. His challenge at this point is to survive the numerous surgeries he will have to go through to correct the severe damage to his left knee and his left shoulder." The main problem was "feelings of worthlessness and constant worry that he will never be able to support his family again" and the strategies listed are "challenging irrational thoughts, replacing thoughts with positive thoughts and actions, role playing and ultimately systematic desensitization therapy as needed."

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

In the denial dated 3/17/10, the reviewer denied the request for 12 sessions of mental health counseling stating: "The diagnosis for this patient seems to be incorrect; if it were correct, it

would imply that the patient's symptoms are unrelated to his injury. The treatment plan is vague: though goals are present, it is not clear how the proposed treatment would help to achieve those goals. This patient has had a significant injury; appropriate treatment may be helpful. However, it is not clear from the information presented what treatment is proposed. At his point, without further clarifying information, the medical necessity of the proposed treatment has not been established."

Upon review of the records, this reviewer agrees with that assessment. The records indicate the patient has PTSD and chronic pain syndrome. However, the psychological evaluation provided for this review is entirely inadequate to assess this patient and the goals and treatment plan are unsatisfactory. It is possible that this patient does require treatment as permitted by ODG guidelines, but the treatment must be performed appropriately, which cannot be done until a proper assessment and plan are developed. At this time, the reviewer finds that medical necessity does not exist for Mental Health Counseling x 12 sessions (96152).

**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)