

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/03/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Mental Health Therapy 1xWk x 6Wks Individual Psychotherapy Lumbar

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, 4/12/10, 3/15/10
Injury Clinic 2/25/10, 4/5/10, 4/12/10
D.O. 3/18/10, 3/4/10, 1/21/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female who was injured on while performing her customary duties as a Prep/Fryer. She tripped over a pallet and landed on her right side, injuring her low back, right knee and right ankle. She received a psychological evaluation on 2/25/2010. She endorsed insomnia, had a constricted affect, was dysphoric and endorsed irritability, restlessness, frustration, anger, tension, anxiety. On the Beck scales, she showed mild anxiety and mild depression. She was given a diagnosis of adjustment disorder with mixed anxiety and depressed mood. Six sessions of individual psychotherapy were requested to address issues of depression, anxiety, pain and sleep. The request was denied by Family Practice. He stated that patient "will benefit from a brief course of individual psychotherapeutic intervention." However, he denied the request because "there was no mention of a specific antidepressants or appropriate psychotropic medications which will be used in conjunction with the recommended psychotherapy."

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

In the rebuttal to denial, MS, points out that ODG supports psychotropic medications only for diagnoses of MDD, pain disorder and PTSD. This patient's diagnosis is adjustment disorder. There is scant evidence based support for treatment of an adjustment disorder with psychotropic medications. The only supported treated for this condition is CBT, as has been

proposed. Six sessions of individual psychotherapy were requested to address issues of depression, anxiety, pain and sleep. The request meets all the criteria in the ODG guidelines. The reviewer finds that medical necessity exists for Mental Health Therapy 1xWk x 6Wks Individual Psychotherapy Lumbar.

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)