SENT VIA EMAIL OR FAX ON
Nov/03/2010

True Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Nov/02/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual Psychotherapy 2 X 3

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Clinical psychologist; Member American Academy of Pain Management

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 7/22/10 and 8/30/10
HC 6/3/10 thru 8/18/10
BHI2 6/3/10
A-Medical HC 6/17/10
Dr. PHD 8/13/09 thru 12/2/09

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who was injured in xx/xx while performing his regular job duties as an xxx. Patient was sprayed with caustic chemicals causing third degree burns to his left forearm. He is also diagnosed with pulmonary and cardiac disease aggravated by exposure to chlorine gas. Behavioral report indicates patient received diagnostics and treatments to include: physical therapy, topical analgesic, individual counseling x 7, and medication management. Current medications include Hydrocodone, Cymbalta, and Diazepam.

Patient received 7 IC sessions last year, and 4 additional sessions were requested in December 2009. Current evaluation conducted 6-3-10 again requests IC sessions. Goals appear to be: Stabilization of depressive mood, reduce feelings of helplessness, improve sleeping patterns, and set and activate plans to return to work in previous line of

work/training. Results of the current evaluation show BDI of 10, BAI of 5 (WNL), pain level of 2 and sleep of 3 hours. Metal status exam shows “short term and long term memory are good”, but psychological symptoms are reported to include poor concentration and poor recall. Patient reports only 3 hours of sleep, but “mild fatigue’. BHI-2 shows moderately high job dissatisfaction, moderately high functional complaints, low pain complaints, and depression, anxiety and hostility in the average range. AXIS V diagnosis are 307.89 chronic pain disorder and 309.0 adjustment disorder with depressed mood. Current request is for continued individual psychotherapy.

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

ODG has been adopted by TDI as the evidence-based standard on which all requests for services are evaluated. ODG states that an adequate evaluation has to have occurred, but this eval is somewhat difficult to decipher. There seems to be little change in the status from last year, yet this lack of response to the initial treatment is not explained. Patient is diagnosed with mild depressive symptoms, yet BHI and BDI don’t really support this. There is also no explanation for why patient still expresses job dissatisfaction. It is also unclear exactly how many sessions are being requested. Twice the report asks for 1x3 sessions, the last request asked for 4 sessions, and the end of this current report asks for 2x3 sessions. Until these issues are addressed, this request cannot be considered medically reasonable and necessary.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)