

I-Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/09/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy 1xwk x6wks

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

MD, Psychiatrist

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-TWC Treatment Guidelines

10/8/10, 9/23/10

10/28/10, 9/8/10, 9/30/10

MD 5/15/09 to 6/13/10

MD 4/29/10

Neurosurgical Association 1/26/10

Golder CAT Scan and MRI Center 1/07/08 to 6/12/09

D.C. 11/22/08 to 8/20/10

Associate Statement 11/22/08

Hospital 11/22/08 to 12/09/08

Fire Department 11/22/08

FCE Report 12/15/08, 2/16/09, 3/26/09

M.D. 2/4/09 to 3/25/09

D.C. 2/25/09

PATIENT CLINICAL HISTORY SUMMARY

The patient is a woman who sustained a work related injury on xx/xx/xx while working as a xx. She was injured when she walked into the stock room and tripped with her left foot on one of the rails of a clothing rack. She was able to catch herself; however, she tripped again and fell, hitting her right knee, left foot, and left shoulder on the rack. She has received several levels of treatment including x-rays, MRI, physical therapy and medications, but still

experiences pain. In a progress note dated 01/26/2010 by Dr., he states his impression that her diagnosis is L5-S1 spondylosis with associated foraminal stenosis bilaterally at the Lt-S1 level. He referred her for a steroid injection and states it is highly likely she will need operative management, which would include a laminectomy/discectomy. The last medical progress note in the reviewed record was dated June 2010 from Dr.. He states: "She is doing quite well. Darvon did cause itching. She is attending culinary arts training. She states she has two more semesters left. She states with the medications, her pain is well controlled. She is able to accomplish everything she wishes to do. She does exercises on a daily basis." She had a mental health assessment dated 09/08/2010.

The stated reason for the referral was "input regarding treatment planning, in particular whether referral for mental health treatment would be appropriate at this time... and to determine whether or not the patient understands the purpose of and appropriate use of medications." She was given a diagnosis of Adjustment Disorder with Mixed anxiety and depressed mood and Pain disorder with Both psychological Factors and a General medical condition. A request was made for 6 sessions of individual psychotherapy. This was denied by the insurance reviewer. The reason for the denial was given: "A note from her doctor dated 06/11/2010 notes that her pain is controlled and she is doing well. While she is reporting significant anxiety symptoms, she is managing well if she is attending school and is retraining. There is not a recent note from her doctor noting any type of distress. She does not appear to be receiving active treatment."

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

The most recent medical progress note indicates that the patient is doing fairly well psychologically, attending school and coping with her limitations. Dr. says in his note that "She states with the medications, her pain is well controlled. She is able to accomplish everything she wishes to do. She does exercises on a daily basis." A mental health assessment dated 09/08/2010 states that none of the treatments she has received has been completely successful in lowering her levels of pain. However, based on all the records reviewed, it does not appear this patient is not receiving any active treatment for her injuries, and the previous review is correct that there is no recent note from her doctor noting any type of distress whatsoever. The reviewer finds that there is no medical necessity at this time for 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 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)