

Prime 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/26/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

6 sessions of individual psychotherapy

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

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

Official Disability Guidelines, CBT Guidelines for Chronic Pain

9/1/10, 9/22/10

Behavioral Health Associates 8/16/10 to 9/14/10

Mental Health Evaluation 6/23/10

DC 6/16/10, 6/2/10

Physical Therapy 11/18/09 to 1/17/10

Hospital 11/4/09 to 11/17/09

Ortho-Rehab Assoc. 11/23/09

M.D. 11/9/09

PATIENT CLINICAL HISTORY SUMMARY

The patient is a woman who was injured on xx/xx/xx while at work in the. She fell from a ladder and blacked out, then experienced back, shoulder and wrist pain. X-rays of her hand and shoulder were negative; head CT was negative, MRI of spine showed spondylolysis with spondylolisthesis. She has undergone PT with only modest gains and been denied further PT. She continues to rate her pain between 3 and 6/10. She has returned to light duty but has markedly reduced hours. She was referred for a mental health evaluation, which uncovered significant fear avoidance as well as symptoms of anxiety and depression. She was pessimistic, dissatisfied, tearful, indecisive, unable to relax, has fear of the worst happening, terrified, nervous, fear of losing control, scared, heart pounding, dizzy and complains of significant insomnia. A diagnosis of adjustment disorder with mixed anxiety and depression was given and 6 sessions of I.P. were requested. Twice insurance reviewers

have denied this. The first reviewer stated: "At the present time, there is no current PT treatment of this injury (additional PT was recently denied) and there is no report of lack of progress, surgery has been recommended and the patient has returned to work. The request is not consistent with the requirement that psychological treatments only be provided for an appropriately identified patient." The second reviewer also denied the request stating "the utilized psychometric instruments are inadequate/inappropriate to elucidate the pain problem" and discredits the mental health evaluation.

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

The medical record indicates that this woman sustained a fairly minor injury that has not resolved in the appropriate amount of time given. The request for 6 sessions of I.P. is both medically necessary at this time and completely in accordance with ODG. The first reviewer states there is no report of lack of progress of PT. The PT progress note dated "period 11/18-12/7/09" states under "Assessment: This patient has made progress towards her rehabilitation goals. However, she still has complaint of soft tissue pain. The pain situation has not fully responded to PT. Progress has been hampered by personally stressful issues." This lack of progress is documented, and is felt by the patient's provider to be related to psychological issues. The mental health evaluation that was conducted substantiates this. The reviewer also makes a comment that "surgery has been recommended". This recommendation is not found anywhere in the records that were made available to me for review. The reviewer finds that medical necessity does exist for 6 sessions of individual psychotherapy.

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)