Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/27/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual Psychotherapy x 6 over 6wks 90806

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:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines – Pain Chapter, Psychological Treatment
9/3/10, 9/29/10
Behavioral Health Associates 6/11/09 to 9/3/10
RN 12/14/09 to 8/30/10
MMPI 2 3/6/10
Chronic Pain Management Program 1/5/10, 11/17/09, 9/17/09
Treatment Progress Report 1/5/09
RN 12/7/09, 11/23/09
M.D. 11/30/09, 7/20/09, 2/18/09
PT 11/20/09
Cardiovascular Testing 8/26/08
Behavioral Health Assessment 9/2/08
P.A. 5/13/10
Medical Clinic 2/22/10
10/28/09
Review of Medical History and Physical Exam 10/28/09

PATIENT CLINICAL HISTORY SUMMARY
The patient is a female who sustained injury on xx/xx/xx when she pushed filled with dirt and injured her lower back area. She has had injections for the pain but continues to be symptomatic. She has had a total of 12 sessions of IP and a work hardening program and a chronic pain management program. Documentation in the record indicates that she has

improved to only a minimal degree. A request has been made for an additional 6 sessions of IP. This request was denied by the insurance reviewer who cites that there has only been minimal progress and therefore further psychotherapy is unlikely to be of great benefit.

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

The medical records that were reviewed concur with the facts as stated by the insurance company reviewers on 9/3/10 and 9/29/10. The requesting therapist does state in a rebuttal letter that the patient has already received 12 sessions of treatment with minimal gains, but states there are “many diagnostic non patient issues that affect the progress”. However, the record does not provide sufficient evidence that additional therapy will be helpful, nor a rationale or basis for divergence from the ODG Guidelines. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld. There is no medical necessity for Individual Psychotherapy x 6 over 6wks 90806.

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)