C-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/9/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual psychotherapy sessions x 6-cervical spine 90806

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:

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines
Workers' Comp Services 7/28/10, 8/30/10
Clinic 7/15/10 to 9/20/10
M.D. 6/10/10 to 8/26/10

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a man who sustained a work injury to his bilateral upper extremities, cervical spine and lumbar spine on XX/XX/XX while performing his customary duties as a . He states that while at work he was pulling a gear when he felt a severe pain and heard a popping sound in his neck. He was evaluated in the ER and treated with pain medications. The record indicates that he has not had any diagnostic studies such as x-ray, EMG/NCV or MRI. One note indicates that a request for MRI was denied. A physical evaluation assessed the patient as having myospasm and torticollis of the cervical spine with signs of radiculopathy. He was unable to complete physical therapy because of his intense pain and inability to move his neck. The attending physician assessed him with cervical sprain/strain, possible cervical herniated discs and possible cervical neuropathy of his upper extremities. He was given Darvocet, Flexeril, Cymbalta, and referrals for pain management and psychiatric evaluation. The physician indicated the need for MRI and EMG/NCV. The behavioral medicine consultation, dated 07/15/10, diagnosed him with MDD and Pain Disorder and requested 6 sessions of IT. The insurance company reviewer denied the request stating, "Primary modalities of conservative care such as PT and home exercise program have not been exhausted to warrant the proposed service. The medical necessity of this request was not fully established at this time."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION
The ODG Pain/Psychological Treatment section states that the first step is to identify and address specific concerns about pain and enhance interventions that emphasize self-management. This patient has not yet had the cause of his pain diagnosed, nor has it been treated. There are suppositions in the record that this man has a herniated disc or cervical neuropathy. He has not received treatment for these conditions and is experiencing severe pain and depression. Only after other treatment options have been exhausted is the psychological treatment appropriate according to ODG. The reviewer finds that medical necessity does not exist for Individual psychotherapy sessions x 6-cervical spine 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)