

SENT VIA EMAIL OR FAX ON
Oct/22/2010

Pure Resolutions Inc.

An Independent Review Organization
1124 N Fielder Rd, #179
Arlington, TX 76012
Phone: (817) 349-6420
Fax: (512) 597-0650
Email: manager@pureresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

Oct/18/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cognitive Therapy weekly for 90 days; Medical Group Psychotherapy weekly for 90 days;
Medical Biofeedback Training weekly for 90 days

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

Certified by the American Board of Psychiatry and Neurology with additional qualifications in Child and Adolescent Psychiatry

Licensed by the Texas State Board of Medical Examiners

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

OD Guidelines
Denial Letters 9/24/10
Letter from Patient 10/6/10
Dr. 1/5/10-8/10/10
Dr. 9/7/10
BDI-II 8/10/10

PATIENT CLINICAL HISTORY SUMMARY

The employee was injured at work on xx/xx/xx while working in his capacity as a using a heavy industrial electric grinder with no safety guards or protection at eye level. The tool "kicked back" lacerating his right lower face. He was treated by a plastic surgeon that debrided the wound removing bone chips and placing approximately 100 sutures. He

suffered arterial bleeding and right lower facial numbness due to severance of the mandibular division of the fifth cranial nerve on the right. He returned to work, but when exposed to hearing or seeing grinders, began to experience sweating and tremulousness and panic. His symptoms have progressed and he is now diagnosed with PTSD, MDD with psychotic features and pain disorder. His symptoms are considered severe. A recent DD evaluation rated him as 80% impaired, 50% impairment due to his psychological dysfunction. His treatment team is already treating him with Lexapro 40 mg and Zyprexa 20 mg but he remains highly symptomatic. A request has been made for weekly sessions each of CBT, medical group psychotherapy and medical biofeedback training for 12 weeks. The CBT is proposed to be both problem focused and emotion focused; the group psychotherapy is proposed to encourage and facilitate acquisition of constructive social attitudes and skills, to overcome extreme emotional withdrawal and isolation, to improve social image and develop motivation and skills for a more effective interpersonal style to facilitate optimal functioning and occupational re-entry. The biofeedback is proposed for chronic, severe pain. The request was denied by the insurance reviewer stating the reason for denial as: "the proposed treatment plan is not consistent with our clinical review criteria."

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

This patient is very severely psychologically impaired according to the reports both from his attending physician and the DD evaluation. The treatment, which is proposed, is within ODG guidelines for someone who is considered severely impaired and has both PTSD and a complex psychiatric presentation. This patient should be treated aggressively as soon as possible in order to obtain the maximum benefit from his treatment. The request is medically 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

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)