

AccuReview
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 21, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual Psych 1x6, 6 sessions

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

This physician is Board Certified Psychiatrist with 19 years of experience.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

On xx/xx/xx, M.D, evaluated the claimant. The claimant's chief complaint was numbness in his right arm. He has received pain mediations without any relief. He has a dull pain in his neck, burning in his right posterior shoulder, and numbness radiating down the entire arm, worse in the first three and one half

fingers. Impression: 1. Cervical radiculopathy. 2. Paresthesia of right upper extremity. 3. Right rotator cuff injury. 4. Possible brachial plexus injury. The claimant is to continue with Ibuprofen, as he does not want prescription medication. He is also to start physical therapy.

On August 18, 2010, the claimant was re-evaluated by M.D. He now has complaints of headaches and the inability to sleep. Dr. recommended physical therapy as soon as possible and a psychological intake evaluation. He was prescribed Ibuprofen 600 mg, Trazodone 100 mg, and Vicodin 5/500.

On August 20, 2010, the claimant underwent an initial behavioral medicine consultation. Impression: Based on the information the claimants emotional presentation and verbal report, the work accident pain and ensuing functional limitations have caused the claimants disruption in lifestyle, leading to poor coping and maladjustment and disturbances in mood and sleep. PhD and Ph.D. recommended a low level individual psychotherapy for 6 weeks.

On September 7, 2010, an MRI of the right shoulder was performed. Impression: Abnormally increased T1 and T2 signal involving the distal aspect of the supraspinatus and the anterior aspect of the infraspinatus. Findings are compatible with tendinopathy. Partial tear cannot be entirely excluded. There is no complete full thickness rotator cuff tear present as interpreted by, M.D.

On September 15, 2010, the claimant was re-evaluated by M.D. His pain is still quite severe. He continues to have headaches as well as numbness and tingling in the right upper extremity. Dr. injected his right shoulder with 40 mg of Kenalog and 1 cc Marcaine.

On September 2, 2010, Ph.D., a Psychologist performed a utilization review on the claimant. Rationale for denial: There is no evidence that these psychological symptoms constitute a deal in the "usual time of recovery" from this acute injury. There is no reason to believe that the current active rehabilitation will be insufficient to restore functional status. Therefore it is not certified.

On September 28, 2010, Ph.D., a Psychologist performed a utilization review on the claimant. Rationale for denial: The utilized psychometric instruments are inadequate to elucidate the pain problem, explicate and psychological function, or support differential diagnosis in this case. Therefore it is not certified.

PATIENT CLINICAL HISTORY:

On xx/xx/xx, the claimant sustained an injury while installing an automobile. The wind pushed on the windshield, and he strained his right shoulder and neck while trying to prevent the windshield from blowing into the vehicle.

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

The treatment for a muscle strain, partial tear of a rotator cuff injury, would not involve psychotherapy. There is no reason to believe that the current active rehabilitation would be insufficient to restore functional status. Therefore, the previous decision is upheld.

ODG Psychotherapy Guidelines:

- Initial trial of 6 visits over 6 weeks
- With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)

Extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials. Although short-term psychotherapy is effective for most individuals experiencing acute distress, short-term treatments are insufficient for many patients with multiple or chronic mental disorders or personality disorders. ([Leichsenring, 2008](#))

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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)**