

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 13, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed 6 sessions of psychotherapy (90806)

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

The reviewer for this case is a doctor of chiropractic peer matched with the provider that rendered the care in dispute. The reviewer is licensed in the State of Texas and is engaged in the practice of chiropractic on a full-time basis.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- XX Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
unk	90806		Prop	6					Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 59 pages of records received to include but not limited to: TDI letters 8.21.10, 8.24.10; letters 7.27.10, 8.17.10; records Behavioral 7.20.10-8.12.10; records D.C. 3.25.10-6.22.10; report, D.C. 2.25.10; DDE report 12.17.09; report 1.19.10; report, , D.C. 5.8.08, 5.8.09; Institute 1.7.09-7.10.09

Requestor records- a total of 36 pages of records received to include but not limited to: TDI letter 8.24.10; records Behavioral 7.20.10-8.12.10; ODG Cognitive Therapy for depression; report, , D.C. 5.8.08, 5.8.09; Spine and Orthopedic Institute 1.7.09-7.10.09; report, D.C. 2.25.10; DDE report 12.17.09; report 1.19.10; records, D.C. 3.25.10-6.22.10

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury on xx/xx/xx.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS. FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

OGD Guidelines (*Mental Illness & Stress: Cognitive therapy for depression*, 2010) recommends cognitive behavior therapy for depression. OGD cites research stating that behavior therapy is

more effective than medication for the treatment of depression, and that the highest outcomes are realized when medication and behavioral therapy are offered together.

Beck Depression Inventory score was 26. Beck Anxiety Inventory was also a 26. Patient is being treated with medication for depression and anxiety. Prescribed is 20 mg Cymbalta 2x/day, and 1 mg Xanax, 2x/day. The patient received surgical procedures on both UEs on 9.15.2009 (right) & 1.19.2010 (left.) Dr. notes a pain level of 3-4 in his evaluation dated 3.25.2010. Together, this suggests depression/anxiety secondary to her pain, injury and disability.

As behavioral therapy has apparently not been previously offered, its use is supported by OGD. Medical necessity is established.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES