

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: August 25, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Psychotherapy x 6 sessions over 6 weeks.

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

General and Forensic Psychiatrist

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:

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- Texas Department of Insurance 08/14/10, 08/20/10
- Notice of Denial of Compensability/Liability and Refusal to Pay Benefits, 09/21/09
- , 09/21/09, 08/03/10, 08/11/10
- Preauthorization Request for Behavioral Medical Services, 07/27/10
- Behavioral Health, 07/23/10, 08/04/10
- Request Form, 08/19/10

Medical records from the Provider include:

- Diagnostic, Inc., 07/14/10
- Behavioral Health, 07/23/10, 07/27/10, 08/04/10, 08/23/10
- , 08/03/10, 08/11/10

PATIENT CLINICAL HISTORY:

The disputed services are six sessions of individual psychotherapy. I am in agreement with the carrier for the denial.

The patient is reporting she developed a repetitive motion injury to the wrist with symptoms beginning over a year ago.

A psychological evaluation was accomplished on July 23, 2010, revealing a history of prior depression, suicidal ideation, and having been fired from her job on July 1, 2010. The evaluation did a Beck Depression Inventory. The patient scored at a 28, indicating moderate depression with the symptoms being reported. The patient scored at a 22 on the Beck Anxiety Inventory, indicating moderate anxiety. On the Fear Avoidance Beliefs Questionnaire, the patient had elevated scores. The patient was diagnosed with an adjustment disorder with mixed anxiety and depressed mood. There was a recommendation made for six sessions of individual psychotherapy.

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

There is a number of reasons why there appears to be a mismatch between the diagnosis of an adjustment disorder and the treatment recommendations which primarily focus on chronic pain. Assuming the referral is primarily for chronic pain, the ODG cognitive behavioral therapy guidelines indicate that one should "Screen for patients with risk factors for delayed recovering, including fear avoidance beliefs. See Fear-Avoidance Beliefs Questionnaire (FABQ). Initial therapy for these 'at risk' patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after four weeks if lack of progress from physical therapy alone. Initial trial of three to four psychotherapy visits over two weeks. With evidence of objective functional improvement, total of up six to ten visits over five to six weeks (individual sessions) (ODG 2010)." According to the records, the patient has had three weeks of physical therapy, and therefore, the patient has not had the four visits. There is not adequate documentation of coordination with the physical therapist to substantiate the necessity of an independent cognitive behavioral therapy separate from the physical therapy at this juncture.

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)