

US Decisions Inc.

An Independent Review Organization

2629 Goldfinch Dr

Cedar Park, TX 78613-5114

Phone: (512) 782-4560

Fax: (207) 470-1085

Email: manager@us-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/13/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Diagnostic Interview 90801 x 1 and Mental Health Therapy x 8 hours

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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Associates, 6/23/10-

Pain & Rehab Center, 5/27/10, 4/29/10, 7/20/10, 6/29/10, 1/4/08

Chronic Pain Management Notes, 1/24/07-12/21/07

Dr., MD, 5/18/10

ODG Treatment Guidelines, Wrist and Pain

ODG Psychotherapy Guidelines

DC, DC, 10/22/02-6/24/10

Law Offices, 8/31/10

Dr., 7/25/03

Dr., MD, 1/15/03-7/13/10

Dr., Dr., MD, 1/2/04-7/13/10

Dr., MD, 1/12/04-6/30/10

Dr., 1/16/04

Dr., 7/21/04-1/20/09

Dr., 12/23/04-7/1/05

Dr., 6/30/05

Dr., 4/4/06

Dr., 5/30/06-7/25/06

Dr., 11/6/07

Imaging, 6/24/08

Heights, 5/21/07

Dr., 7/06

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female who sustained an injury on xx/xx/xx. She was treated with a chronic pain management program that included four daily group psychotherapy sessions and individual psychotherapy on a weekly basis. The discharge summary stated that the patient's scores had decreased on the pain assessments that she had completed and that her Beck depression scores decreased as well.

In a note dated 04/29/2010, the patient stated that her medications, amitriptyline and gabapentin, were helping. She has complained of increasing pain that has affected her ADL's. EMG and NCV on 05/18/2010 showed evidence of a mild right C6 radiculopathy. There was evidence of entrapment neuropathy of the right median nerve at the wrist. A note dated 05/27/2010 stated the patient complained of right wrist tenderness and weakness and tingling and numbness. The patient also reported feeling stressed and depressed. A diagnosis of MDD was made. Because of this, a request was made for a mental health diagnostic interview and 8 sessions of psychotherapy. This request has been denied on two occasions. The rationale given for the denial of the appeal was that the patient had already completed a chronic pain management program and psychotherapy with improvement noted two years previously.

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

This reviewer agrees with the previous two reviewers. This patient has already completed at least 28 mental health treatments, and there is no new evidence in the records presented to justify an additional diagnostic interview, nor is there evidence to justify additional mental health treatments at this juncture. This decision is based on the Official Disability Guidelines and the reviewer's medical judgment and clinical expertise and experience. According to the records, this patient has already had the benefit of substantial mental health treatment. The reviewer agrees with the previous two reviewers that further psychological therapy is not medically necessary at this time to treat the physical causes of the patient's pain and weakness. ODG are being followed in rendering this decision. The reviewer finds that medical necessity does not exist for Diagnostic Interview 90801 x 1 and Mental Health Therapy x 8 hours.

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)