

Wren Systems

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/07/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Psychotherapy Counseling 8 visits as an outpatient

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

MD, 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

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 7/21/10, 8/2/10

Request, 7/16/10

Mental Health Evaluation, 2/17/10, 6/21/10

Group, 6/9/10, 7/16/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male who sustained a work related injury on xx/xx/xx when he was exiting his vehicle and was hit from behind by another vehicle. He was initially treated with conservative treatment but his pain worsened. NCV and EMG showed irritability in the C6 nerve roots bilaterally and in the lumbar L5 and S1 nerve roots bilaterally. He received injections in his R shoulder in January 2010. The patient felt this was not helpful. A mental health evaluation diagnosed him with Pain disorder associated with both psychological factors and a general medical condition and MDD, single episode. His medical diagnoses are: R rotator cuff and labral tear, possible disc herniation of mid cervical spine, ligament strains in the neck and mid and lower back, sprain of the R wrist, headaches, impotence and hypertension. He has had 6 sessions of individual psychotherapy with a small amount of improvement. He also has been advised (as of 6/09/10) to have a surgical procedure for the neck and low back, which the patient was seriously considering. He was referred back to the mental health therapist as the attending physician thought "it would be quite helpful because the patient is under quite a lot of stress with the possibility of going through four surgeries and all the other circumstances and effects of this injury." The reviewer denied the request for additional sessions of individual psychotherapy stating there was no update for the treatment plan, no information on pending surgeries and no information on pharmaceutical treatment.

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

The medical records contain only a brief rationale for treatment and a brief listing of goals. In addition, these records were written before the initial 6 sessions of treatment were provided. There is little documentation of the outcome of the treatment. The patient is being

considered for aggressive surgical treatments at the time of the last report. In light of this, there is no alteration in the reasons for treatment or goals other than the Attending's remarks that the intervention "would be quite helpful". ODG guidelines do require that additional CBT be permitted only when the initial sessions show some improvement. They also require that there be a properly identified patient. Neither of these requirements appears to be met in this case. The reviewer finds that there is not medical necessity for Psychotherapy Counseling 8 visits as an outpatient.

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)