

SENT VIA EMAIL OR FAX ON  
Apr/20/2011

## True Decisions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/19/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Individual Psychotherapy 1 X 6

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

Licensed Psychologist

**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**

OD Guidelines

1. Cover sheet and working documents
2. Fax cover sheet dated 04/13/11, 04/06/11, 03/11/11, 01/20/11, 02/17/11, 04/07/11
3. Response to request for records dated 04/13/11
4. Request for medical records dated 04/08/11
5. Request for review by an IRO dated 03/11/11 and notice of assignment of IRO dated 04/07/11
6. Preauthorization request dated 01/20/11 and reconsideration dated 02/17/11
7. Utilization review determination dated 01/26/11, 02/25/11
8. Patient face sheet dated 12/30/10
9. Referral form dated 12/16/10
10. Initial behavioral medicine consultation dated 12/27/10
11. Designated doctor evaluation dated 02/21/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a female whose date of injury is XX/XX/XXXX. On this date the patient was pulling a suitcase off of a carousel when something in her elbow popped causing significant pain. Initial behavioral medicine consultation dated 12/27/10 indicates that treatment to date includes x-rays, bracing, medication management, MRI scan, epidural steroid injection which did not improve her pain, physical therapy and elbow surgery on 07/02/2010. Current medications are listed as Hydrocodone and Nexium. The patient reports difficulty sleeping. The patient was guarded throughout the interview and attention was self-absorbed with her injury. Her mood was dysthymic and anxious. BDI is 15 and BAI is 10. Diagnoses are major depressive disorder, single episode, moderate; and pain disorder associated with both psychological factors and a general medical condition.

Initial request for individual psychotherapy 1 x 6 was non-certified on 01/26/11 noting that the patient was diagnosed with pain disorder and major depressive disorder; however, the

utilized psychometric instruments are inadequate/inappropriate to elucidate the pain problem, explicate psychological dysfunction, or support differential diagnosis in this case; and there is no substantive behavioral analysis.

Designated doctor evaluation dated 02/21/11 indicates that the patient was determined to have reached maximum medical improvement as of this date with 3% whole person impairment. The patient can work full-time full duty with no restrictions.

The previous denial was upheld on appeal dated 02/25/11 noting that the request is not consistent with the requesting that psychological treatments only be provided for "an appropriately identified patient". The issues raised by the initial reviewer were not addressed. There was no additional information provided that would impact the prior recommendation for non-authorization.

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

Based on the clinical information provided, the request for individual psychotherapy 1 x 6 is not recommended as medically necessary, and the two previous denials are upheld. Per behavioral medicine consultation dated 12/27/10, the patient was diagnosed with major depressive disorder, single episode, moderate; and pain disorder associated with both psychological factors and a general medical condition. There is no indication that the patient underwent any psychometric testing with validity measures to assess the validity of her subjective complaints. There is no indication that the patient presents with psychological issues which have impeded her progress in treatment completed to date, and no indication that the patient has been evaluated for psychotropic medications. Given the current clinical data, the request is not indicated as medically necessary, and the two previous denials are upheld.

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

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

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**