US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/31/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
90806 Addtl Individual Psychotherapy x6 Sessions

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, 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:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Treatment Guidelines
Adverse Determination Letters, 2/4/11, 3/3/11
Clinic 1/20/10 to 2/19/11
Dr 1/27/10 to 8/3/10
Dr 1/11/10 to 1/18/10
Mental Health Evaluation 12/3/09
Imaging 1/14/09
Ph.D. 2/19/09 to 10/23/09
Clinic 2/19/09 to 10/31/09
Dr 9/17/09 to 10/20/09
Clinc 10/7/09
Clinic 11/16/09

PATIENT CLINICAL HISTORY SUMMARY
The patient was injured at work on XX/XX/XXXX when she tried to lift an object that weighed approximately 50 to 60 pounds and immediately felt her back pop. She has been diagnosed with disc herniation. She has received PT, steroid injections and medication, including Celexa 20 mg. for depression. She continues to have pain and is being evaluated for surgical intervention. She has received a total of 12 sessions of IT and a request has been tendered for 6 additional sessions. The request was denied by the insurance reviewer who states that only minimal progress has been shown from the treatment received to date. The patient had a slight decrease in fear-avoidance, an increase in pain from 4/10 to 8/10, a slight decrease in pain experience score and increase in Oswestry score, increase in score on the Sleep Questionnaire, a decrease in BDI from 21 to 15 and increase in BAI from 19 to 26. In the response letter, states that the patient made clinically significant progress by showing a decrease in the pain experience scale from 79 to 69 and a decrease in the Beck from 24 to

15.

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

ODG generally considers an initial trial of IT to be 4 sessions, and with an objective improvement in function, a total treatment of 13 to 20 sessions is permitted. This patient has already completed 12 sessions and is almost at the maximum total number of recommended sessions. She has had some improvement, but it remains unclear from the records that she would substantially benefit from an additional number of sessions. Her BDI shows that she has only mild depressive symptoms at this point.

She has been on only one antidepressant, Celexa, and at a fairly low dosage of it.. Is correct that a combination of psychotherapy and medication management is more effective than either alone. However, the two treatments do not need to be provided concurrently in order to be effective. This patient, after 12 sessions, has had an adequate trial of psychotherapy, but has not had an adequate trial of pharmacotherapy. Thus, the denial is upheld, as there is not clear and convincing evidence that further IT is medically necessary at this time. The reviewer finds no medical necessity at this time for 90806 Addtl Individual Psychotherapy x6 Sessions.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)