

SENT VIA EMAIL OR FAX ON
Aug/15/2011

IRO Express Inc.

An Independent Review Organization

2131 N. Collins, #433409

Arlington, TX 76011

Phone: (817) 349-6420

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Counseling Sessions 2 X 3

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. Statements of medical necessity / physical performance evaluations dated 11/10/10-04/29/11
3. Follow-up notes 11/10/10-07/12/11
4. Chronic pain management program treatment note dated 04/20/11-04/26/11
5. Precertification request dated 04/29/11
6. Notification of adverse determination for individual counseling sessions 2x3 90806
7. Notification of reconsideration determination for appeal individual counseling sessions 2x3 90806

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date a crane was carrying a beam which was accidentally dropped on his left leg. The patient is status post left leg amputation on 07/27/06 followed by postoperative physical therapy and a specialty program

at Pain Recovery Center. PPE dated 11/10/10 indicates that required PDL is very heavy. Psychological evaluation dated 11/10/10 noted BDI of 38 and BAI of 28. The patient is not currently working and does not want to return to work. Diagnosis is chronic pain disorder associated with both psychological features and general medical condition. PPE dated 01/07/11 indicates that the patient has completed 10 days of CPMP. BDI is 24 and BAI is 28. PPE dated 02/22/11 indicates the patient has completed 20 sessions of CPMP. BDI is 41 and BAI is 31. The patient subsequently completed 5 additional sessions of CPMP for a total of 25 sessions. Current medications are listed as Citalopram, Flector patch, Lyrica and Hydrocodone. BAI is 23 and BDI is 27.

Initial request for individual counseling was non-certified on 05/13/11 noting that the patient completed psychological treatment within 25 sessions of CPMP without significant improvement in Beck scales. ODG recommends up to 13-20 sessions of individual psychotherapy. ODG does not support reenrollment in similar treatment after completion of a CPMP. The patient has completed sufficient formal counseling and should be capable of continuing to improve with coping techniques developed during previous treatment. Appeal letter dated 06/04/11 indicates that the patient was having a lot of difficulty with his prosthetic device which caused increased anguish and frustration and hindered his ability to focus solely on reducing somatic pain, stabilizing depression and anxiety and alternate pain coping strategies. The denial was upheld on appeal dated 06/28/11 noting that it is unclear from the clinical notes why the patient would require additional cognitive treatment after completing a tertiary pain program. There are no updated psychological evaluations provided for review which assess the efficacy of the previous CPMP and why the patient would benefit from further individual psychotherapy.

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 counseling sessions 2 x 3 is not recommended as medically necessary, and the two previous denials are upheld. The patient has recently completed 25 sessions of a tertiary level chronic pain management program with minimal improvement of Beck scales. There is no clear rationale provided to support additional individual psychotherapy at this time and no specific, time-limited treatment goals were provided. There is no updated psychological evaluation provided with a comprehensive assessment of the patient's objective, functional response to the program and documenting the patient's prognosis or motivation to undergo additional individual psychotherapy. Given the current clinical data, the request is not indicated as medically necessary.

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