

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.  
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Notice of Independent Review Decision

**DATE OF REVIEW:** AUGUST 17, 2011

**IRO CASE #:**

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

Individual Psychotherapy x 6 sessions. CPT Code: 90806.

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

GENERAL AND FORENSIC 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**

**PATIENT CLINICAL HISTORY:**

The request for services is six sessions of individual psychotherapy. The review outcome is overturned. The patient was injured in an accident on xx/xx/xx. He did not have a loss of consciousness. He was admitted to the hospital overnight.

The patient subsequently has had physical therapy and conservative care. The patient has had a number of health complaints that are not clearly tied to the injury but include lower back pain, right upper extremity ulnar neuropathy, and erectile problems.

The patient begins to have anxiety noted in June of 2011 by the neurologist, who indicated that the patient was having anxiety over his situation and condition. He was prescribed Xanax 1 mg twice a

day.

The patient was referred to Behavioral Health Associates Inc., and evaluated there on xx/xx/xx. They administered a number of tests and concluded that he has an adjustment disorder with mixed anxiety and depressed mood and an occupational problem. His Beck Depression and Beck Anxiety Inventories were at the severe levels. It was recommended that the patient participate in six sessions of individual therapy.

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

Under the Behavioral Interventions under chronic pain, ODG, and Cognitive Behavioral Therapy Guidelines for chronic pain, a screen for patients with risk factors for delayed recovery including fear-avoidance beliefs, see fear-avoidance beliefs questionnaire. The initial therapy for these at-risk patients should be physical therapy for exercise instruction, using a cognitive motivational approach to physical therapy. Consider separate psychotherapy and cognitive behavioral therapy (CBT) referral after four weeks if there is a lack of progress from physical therapy alone. There should be an initial trial of three to four psychotherapy visits over two weeks with evidence of objective functional improvement. A total of up to six to ten visits over five to six weeks of individual therapy with severe psychiatric comorbidities, e.g. severe cases of depression and post traumatic stress disorder (PTSD). The following guidelines in ODG, Mental Stress Chapter, are reported below. The ODG Psychotherapy Guidelines as using an initial trial of six visits over six weeks with evidence of objective functional improvement. A total of up to 13-20 visits over 13-20 weeks. It appears that this patient meets the criteria for participation in psychotherapy. The patient has had prior physical therapy which has not resolved his pain complaints. Additionally, the patient is having severe levels of depression and anxiety which need to be addressed.

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

- ACOEM- AMERICAN 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)