# US Decisions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jul/28/2011

**IRO CASE #:**

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

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**
MD, Board Certified in Physical Medicine and Rehabilitation

**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**
Utilization review determination dated 05/23/11, 06/28/11
Official Disability Guidelines and Treatment Guidelines
Initial evaluation dated 01/12/11, 02/01/10
Subsequent evaluation dated 03/01/11, 04/05/11, 05/24/11, 06/28/11
Follow up note dated 01/12/11, 01/19/11, 02/02/11, 02/11/11, 02/28/11, 03/11/11, 03/28/11, 04/11/11, 05/04/11, 05/25/11, 06/15/11, 04/21/10, 05/05/10, 05/19/10, 07/09/10, 12/06/10
MRI left hip dated 03/09/10
MRI left knee dated 03/09/10
Handwritten progress note dated 01/15/10, 01/22/10, 01/25/10, 01/26/10, 01/29/10, 02/08/10, 02/10/10, 02/12/10, 02/15/10, 02/17/10, 02/19/10, 02/22/10, 02/24/10, 03/01/10, 03/03/10, 03/08/10, 03/11/10, 03/16/10, 03/24/10, 03/30/10, 04/08/10, 04/14/10, 04/21/10, 04/28/10, 04/29/10, 05/05/10, 05/12/10, 05/14/10, 05/15/10, 05/26/10, 06/02/10, 06/04/10, 06/09/10, 06/11/10, 06/15/10, 06/23/10, 06/25/10, 07/15/10, 07/21/10, 07/23/10, 08/01/10, 08/04/10, 08/11/10, 08/12/10, 08/25/10, 09/08/10, 09/16/10, 09/30/10, 10/19/10, 11/10/10, 12/08/10, 01/05/11
Designated doctor evaluation dated 01/06/11
New patient surgical consultation dated 03/08/11
Behavioral health evaluation dated 04/01/11
IRO dated 04/13/11
Consultation dated 04/25/11, 05/17/11, 05/31/11, 06/22/11
MMI/IR evaluation dated 12/01/10
Functional capacity evaluation dated 09/30/10
MMT/ROM testing dated 01/29/10, 02/19/10, 03/08/10, 04/28/10, 06/11/10, 07/23/10, 08/06/10

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a female whose date of injury is xx/xx/xx. On this date the patient slipped on a wet floor, fell forward and put her hands in front of her to break her fall. The patient was diagnosed with left knee strain, left hip strain and lower back strain. Treatment to date is noted to include physical therapy, diagnostic testing, left knee injection and medication management. MMI determination and impairment rating evaluation dated 12/01/10 indicates that the patient reached MMI as of 12/01/10 with 4% whole person impairment as no further ongoing treatment or surgery could reasonably be expected to improve her condition at this time. Designated doctor evaluation dated 01/06/11 reports the patient has 3 out of 8 positive Waddell's tests which is significant for symptom magnification. Diagnoses are listed as nonspecific lower back pain, sprained left knee and sprained left hip.

The patient was determined to have reached MMI as of 12/01/10. Behavioral health evaluation dated 04/01/11 indicates that BDI is 26. Diagnoses are depression and pain disorder associated with both psychological factors and a general medical condition. Note dated 06/22/11 indicates that medications include Cymbalta and Mobic.

Initial request for individual psychotherapy was non-certified on 05/23/11 noting that the patient is currently working and the patient has not undergone any recent treatment. The denial was upheld on appeal dated 06/28/11 noting that the rationale for the sessions is to monitor medications; however, it is unclear why these are not monitored by the prescribing physician.

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

MMI determination and impairment rating evaluation dated 12/01/10 indicates that the patient reached MMI as of 12/01/10 with 4% whole person impairment as no further ongoing treatment or surgery could reasonably be expected to improve her condition at this time. Designated doctor evaluation dated 01/06/11 reports the patient has 3 out of 8 positive Waddell's tests which is significant for symptom magnification. The patient was again determined to have reached MMI with 0% whole person impairment. There is no indication that the patient has undergone psychometric testing with validity measures to assess the validity of the patient's complaints. If the sessions are being requested for medication management, there is no rationale provided as to why the patient's prescribing physician is unable to monitor the patient's medications. Given the current clinical data, the requested individual psychotherapy is not indicated as medically necessary. The reviewer finds that there is not a medical necessity at this time for 90806 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)**