Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/12/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
6 Sessions of Individual Psychotherapy

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY
The patient is a man who sustained an injury on xx/xx/xx secondary to a fall. DD exam on 03/10/2010 reported that he incurred a low back injury after he slipped and fell from some stairs. He underwent a two level lumbar fusion in 09/2007 and since that time has had urinary incontinence, perineal numbness and erectile abnormalities. He continues to complain of back and left leg pain. He has completed 6 sessions of psychotherapy and an additional 6 sessions have been requested. The sessions have been denied stating that there is little evidence of objective functional improvement from the first six sessions. In a rebuttal letter, the treating therapist states that the patient decreased his pain level from 6 to 5 and from 74% to 70% on the Oswestry Low Back Pain Questionnaire. There is noted functional affective improvement in his self-awareness and self-monitoring, sense of self worth and interactions with others. His depression has remained stable. However, he is beginning to understand the relationship between his pain, affect and physical functioning.

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

The prior reviewers are correct that the requested services do not meet ODG criteria. The rebuttal letter documents very minimal objective changes in function. Since the improvement in pain level given as well as the Oswestry Questionnaire are highly subjective in nature, this does not constitute “objective functional improvement." Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld. The reviewer finds there is no medical necessity for 6 Sessions of Individual Psychotherapy.

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)