

Notice of Independent Review Decision

DATE OF REVIEW: 12/09/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

6 Individual Psychotherapy sessions

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

The TMF physician reviewer is board certified in family practice with an unrestricted license to practice in the state of Texas. The physician is in active practice, is familiar with the treatment or proposed treatment and is the same specialty as the treating physician.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the 6 Individual psychotherapy sessions are not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 11/30/11
- Decision letter – 10/14/11, 11/10/11
- Preauthorization request for individual psychotherapy from Injury 1 – 10/11/11
- Physician Advisor Report form – 10/14/11
- Reconsideration of preauthorization request for individual psychotherapy from Injury 1- 11/04/11
- Request for Psychological Testing from dr. – 09/21/11
- Report of initial behavioral medicine consultation by Dr. – 09/26/11
- Report of MRI of the lumbar spine – 09/13/11
- Report of Physical Performance Evaluation – 09/08/11

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury on xx/xx/xx when he was loading rolls of paper and felt an onset of low-back pain which radiated into his neck. An MRI performed on 09/13/11 indicates a broad 1mm disc bulge at L4-5 and L5-S1 with facet joint effusions at each level, indicative of acute facet joint irritation and lumbar facet syndrome. He has had an initial behavioral medicine consultation and there is a request for 6 Individual Psychotherapy sessions.

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

This patient is being treated for symptoms related to low back pain. He apparently sustained injury in the course of normal work activities that included moving . The treatment has included medications and physical therapy. He has returned to work with 0% impairment rating and while he may have some behaviors related to residual pain, he does not (based on medical record documentation) have a problem related to a major depressive disorder and as such , individual psychotherapy is not indicated.

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)