

SENT VIA EMAIL OR FAX ON  
Nov/28/2011

## Applied Resolutions LLC

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### NOTICE OF INDEPENDENT REVIEW DECISION

Amended Nov/28/2011  
Date of Notice of Decision: Nov/28/2011

**DATE OF REVIEW:**  
Nov/27/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Individual Psychotherapy 1 X wk X 6 wks

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**  
Board Certified Anesthesiologist/Pain Management

**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  
Cover sheet and working documents  
Utilization review determination dated 09/22/11, 10/24/11  
Initial behavioral medicine consultation dated 09/12/11  
Patient face sheet dated 09/19/11  
Radiographic report dated 06/27/11  
MRI left lower extremity dated 07/20/11  
MRI right upper extremity dated 08/26/11  
Functional capacity evaluation dated 08/23/11

**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 and landed on her right elbow, right hand and left knee. Functional capacity evaluation dated 08/23/11 indicates that the patient is capable of completing job duties with restrictions. Initial behavioral medicine consultation dated 09/12/11 indicates that treatment to date includes x-rays, MRI scans, 9 sessions of physical therapy and medication management. Current medications include Ibuprofen and Flexeril. The patient endorses both initial and sleep maintenance insomnia. Her mood was dysthymic and affect was constricted. BDI is 39 and BAI is 26. Diagnosis is major depressive disorder, single, severe.

Initial request for individual psychotherapy was non-certified on 09/22/11 noting that there is no evidence that the psychological symptoms constitute a delay in the usual time of recovery from this acute injury. This is a new injury with acute pain. The patient is actively involved in the continued evaluation and treatment of this new injury. Additional assessment (MRI) and treatment (possible surgery) of this injury have recently been recommended. There is no reason to believe that the current active rehabilitation will be insufficient to restore functional status. The evaluation does not identify specific behavioral or patient findings that suggest risk factors for delayed recovery or chronicity. A premorbid depressive disorder with symptoms not related to the work injury is also reported. The denial was upheld on appeal dated 10/24/11 noting that there is a premorbid history of a with 3-4 month subsequent psychiatric hospitalization and depression in 2001. There is no documentation of medical/surgical opinion offered with respect to delayed recovery from this injury. With this type of musculoskeletal injury, that the patient has subjective complaints and manifests psychological symptoms does not constitute an adequate rationale for the provision of psychological intervention (in the absence of problems with treatment compliance) if resolution of the acute, underlying medical problem is anticipated and/or progressing as expected.

**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 psychotherapy 1 x wk x 6 wks is not recommended as medically necessary, and the two previous denials are upheld. The patient was diagnosed with major depressive disorder less than 3 months after the date of injury. The patient presents with a history of premorbid depressive disorder with symptoms not related to the work injury. There is no indication that the patient has been placed on psychotropic medications or been referred for medication evaluation. The Official Disability Guidelines note that the gold standard of treatment for major depressive disorder is a combination of medication management and individual psychotherapy. Given the current clinical data, the requested individual psychotherapy 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**