Notice of Independent Review Decision

DATE OF REVIEW: 11/27/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual psychotherapy

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
M.D., board certified in General Psychiatry and Child and Adolescent Psychiatry

REVIEW OUTCOME:
Upon independent review, I find that the previous adverse determination or determinations should be:

_____Upheld (Agree)

__X __Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	*Service Being Denied*	*Billing Modifier*	*Type of Review*	*Units*	*Date(s) of Service*	*Amount Billed*	*Date of Injury*	*DWC Claim #*	*Upheld Overturn*
800.0	*90806*		*Prosp.*						*Overturn*

INFORMATION PROVIDED FOR REVIEW:
1. Certification of independence of the reviewer and TDI case assignment
2. TDI case assignment
3. Request for reconsideration, 09/23/11, and letter of denial, 10/31/11, including rationale and criteria used in the denial
4. Initial Behavioral Medicine consultation, 09/30/11
5. Radiology report, 08/01/11, 09/22/11

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
This case involves an injury to the head, neck, arm, and wrist of a construction worker who fell over 20 feet from a scaffold. He lost consciousness. Per accounts of witness, he was taken for dead/unresponsive, but the Glasgow Coma Scale performed in the emergency department is not available. In addition to pain, he has had petite mal seizures, memory loss. Reports a level 10 pain. Speaks Spanish. Has fifth grade education and has difficulty reading in Spanish. He has sleep disturbance, depression. Has headaches. Screen for cognitive impairment indicates impairment of moderate to severe intensity (this was not a formal neuropsychological evaluation). BDI=43, BAI=38. A neuropsychological evaluation was requested. Nonetheless, there is a request for six sessions of psychotherapy using cognitive behavioral techniques.

Treating doctor has diagnosed a mood disorder, which he believes he can treat in the absence of the neuropsychological evaluation. Initial Behavioral Medicine consultation dated 09/30/11 notes the following: [The

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claimant] was referred for Behavioral Medicine consultation…to assess his emotional status and to determine the relationship to the work accident. It would aid in predicting the level of traumatic brain injury he sustained.

His cognitive status was tested using the MMSE. He did poorly in all areas (orientation, registration, attention, recall, and language). His total score was 16, indicating moderate to severe impairment. Asked what are other changes he has noted, the claimant endorsed low and irritable mood, anhedonia, amotivation for most activities, increased appetite and difficulty swallowing, sleep changes, poor concentration and difficulty making decisions, self-criticalness and feelings of guilt and pessimism about his future.

Multiaxial diagnoses were noted to include the following: Axis I: (1) 293.83, mood disorder due to traumatic brain injury with depressed mood; (2) 294.9, cognitive disorder NOS; (3) 307.89, pain disorder associated with both psychological factors and a general medical condition, acute. Axis II: V71.09, no diagnosis. Axis III: Injury to head, neck, thoracic, ribs, shoulders, arm, and wrist. Axis IV: Social, occupational, and economic problems. Axis V: Current GAF 50, estimated pre-injury GAF 80.

CT scan of head and neck dated 08/01/11 noted the following: Linear left-sided skull fracture and healing fractures of the right first and second posterior ribs as noted on prior exams, mild compression deformity of the T3 superior endplate.

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

The documentation in the records clearly indicates that this was a serious injury resulting in a significant traumatic brain injury as well as rib fractures and other injuries. The documentation notes evidence in support of significant depression and some degree of anxiety. While I agree that neuropsychological testing would be helpful to establish the baseline in terms of severity of cognitive deficits and could be repeated in the future in order to establish improvement, the absence of completed neuropsychological testing does not preclude a course of psychotherapy. Psychotherapy is indicated in view of the severity of mood symptoms.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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.
__X __ Medical judgment, 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 national accepted medical literature (provide a description).
_____Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)