

SENT VIA EMAIL OR FAX ON
Nov/28/2011

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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

Amended 11/28/11
Date of Notice of Decision: Nov/28/2011

DATE OF REVIEW:
Nov/22/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual Psychotherapy 6 sessions (over 8 weeks)

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 10/07/11, 11/03/11
Response to denial letter dated 10/07/11
Treatment progress report dated 09/26/11
Office visit note dated 09/22/11, 08/09/11, 07/21/11, 06/28/11, 09/08/11, 08/25/11, 08/09/11, 10/13/11, 10/05/11, 06/03/11, 05/06/11, 04/28/11
Letter dated 10/13/11, 12/30/08
Work status report dated 12/01/08, 12/18/08, 11/17/08, 01/04/08
Designated doctor evaluation dated 09/19/11
Request for an alternative certification dated 10/13/11
MMI determination and impairment rating evaluation dated 09/08/11
Handwritten note dated 08/11/11, 08/09/11, 12/18/08, 12/01/08, 11/17/08, 01/04/08
Peer review dated 04/18/11
Follow up note dated 08/02/11

Interpretation of neurodiagnostic test dated 04/29/11
Initial diagnostic screening dated 07/06/11
Consultation dated 05/19/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was moving a when he felt a pop in his back and he got extremely sharp pain in the left lower extremity. Peer review dated 04/18/11 indicates that the patient's current clinical condition is lumbar radiculopathy associated with an extruded disc involving the left L2-3 lumbar intervertebral space. However it is difficult to discern in this case as to whether or not there was even a compensable injury. It is possible, but not probable that the patient sustained a compensable injury. At best, the compensable diagnosis in this case would be low back pain possible sprain/strain, possible disc extrusion. Initial diagnostic screening (90801) dated 07/06/11 indicates that treatment to date includes x-rays, MRI, EMG/NCV, rest/off work, physical therapy, home exercise program, steroid cortisone injections, stellate ganglion blocks and medication management. Medications are listed as Naproxen, Hydrocodone and Flexeril. BDI is 23 and BAI is 18. Diagnosis is adjustment disorder with mixed anxiety and depression. MMI/IR evaluation dated 09/08/11 indicates that the patient is not at MMI and the patient is a potential surgical candidate. Designated doctor evaluation dated 09/19/11 indicates that diagnosis is lumbar spine strain; multilevel lumbar degenerative disease and L2-3 bulge by MRI findings with a superimposed left herniation/extrusion. The patient was determined to have reached MMI as of 08/02/11 with 5% whole person impairment. It is noted that the patient underwent lumbar epidural steroid injection on 07/19/11 with no improvement. Treatment progress report dated 09/26/11 indicates that medications include naproxen, Hydrocodone and Flexeril. The patient has completed 6 sessions of individual psychotherapy. BDI is 11 which is an 8 point increase from his previous score of 3 and BAI is 6 which is a 2 point decrease from his previous score of 8.

Initial request for individual psychotherapy 6 sessions over 8 weeks was non-certified on 10/07/11 noting that BDI actually increased from 3 to 11, although this is still a low score. BAI went from 8 to 6 (also a low score). Sleep shows no problems. The request is for 6 additional individual psychotherapy sessions to improve sleep (which is already at no problem level), overcome depression (which is already at insignificant level) and overcome interpersonal discord. Per telephonic consultation with the requesting provider, she reportedly acknowledged that these were not necessary goals and would accept a denial because many of the goals were already met. The denial was upheld on appeal dated 11/03/11 noting that the requesting provider indicated that the request is not to focus on psychological issues as his scores are low now. The patient has reportedly completed 12 sessions of individual psychotherapy and it is unclear why vocational issues and his perceived disability have not already been addressed and it is not clear how Dr. is addressing these issues.

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 6 sessions over 8 weeks is not recommended as medically necessary, and the two previous denials should be upheld on IRO. The patient has undergone a course of individual psychotherapy (either 6 or 12 sessions to date) for diagnosis of adjustment disorder. The patient's BDI increased from 3 to 11 and BAI decreased from 8 to 6. The patient does not present with significant sleep problems. Additionally, the submitted records indicate that the patient is not currently taking any psychotropic medications. The Official Disability Guidelines note that the gold standard of treatment is a combination of medication management and individual psychotherapy. Given the lack of significant psychological indicators as well as lack of psychotropic medications, 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

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

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)