

# I-Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Feb/04/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

6 additional 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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Official Disability Guidelines

12/30/10, 12/7/10

Behavioral Health Associates 12/10/10

Initial Diagnostic Screening 11/23/10

Spine and Rehabilitation Institute 8/17/10

Diagnostic Imaging 7/17/09

Dynamics 10/9/09

MD 10/9/09

M.D., P.A. 11/30/09

DC 12/7/09

M.D. 6/10/10

Carrier Submission 118 additional pages of medical records

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who was injured at work on xx/xx/xx where he was working as an. He was on top of a machine that was lifting up into the air between a steel beam and an air conditioning box. He did not clear the beam and hit his head. He was very disoriented and fell to his knees. He had x-rays performed, received a shot for pain and physical therapy. He was released back to work on light duty and continued to work for one week. His pain increased and he was fired and has not returned to work subsequently. Treatment has included five sessions of PT and later 9 more sessions, medication management and individual counseling sessions, four starting 10/20/2009 and two starting 03/19/2010. Dr., in his Peer Review dated 12/10/2009 noted that on 11/09/09 saw the claimant. Notes indicated the claimant was concerned about receiving pain injections and not wanting to change occupations. On 11/30/2009 saw the claimant. Notes indicated the claimant was

experiencing anxiety, physical functioning deficits, and depressed mood. The claimant almost cried while talking, as he felt overwhelmed. The claimant noted he was concerned about receiving steroid injections. On 11/23/2010, a psychological screening was performed. The patient rated his pain as 4-5 on a scale of 1-10. On the Pain Experience Scale, he scored moderate and mild to moderate on the McGill Pain Questionnaire. He scored severe disability on the Oswestry Low Back Pain Disability Questionnaire and severe disability on the Neck Pain Disability Index Questionnaire. He also showed moderate to severe depression and was diagnosed with depressive disorder NOS.

A request was made for 6 additional sessions of psychotherapy. The request was denied with the rationale stating: "The patient has 12 completed sessions of individual psychotherapy. A psychological re-evaluation on 11/23/10 reports no functional or behavioral improvements. The patient continues to report significant pain and has not returned to work. This request is inconsistent with ACOEM."

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

The request for 6 additional sessions of individual psychotherapy was denied twice by different reviewers. Each reviewer states as a reason for denial that the patient has completed 12 sessions of individual psychotherapy with little response. There is evidence that the patient has only completed 6 sessions of therapy. The report dated 11/23/2010, referenced by the reviewers, states this. In the Peer Review, by, he reviews the medical records in detail and does not list any psychotherapy sessions other than these six. The detail of two sessions recorded shows that they dealt almost exclusively with the patient's fear of a steroid injection. As of the latest record, the patient had not received this injection. The current request for six sessions of individual psychotherapy is made to deal with the patient's depression and anxiety. The prior reviewers have rejected this request stating that the patient has not benefited from such treatment in the past. In fact, the patient has actually never received much psychotherapy previously to address this problem. His previous 6 (not 12) sessions, were concerned with anxiety caused by the treatments proposed by his providers. Thus ODG criteria for psychotherapy to address depression would be met. The reviewer finds there is medical necessity for 6 additional 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

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)**