US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual Psychotherapy 1x6 weeks CPT 90806

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Certified by the American Board of Psychiatry and Neurology with additional qualifications in Child and Adolescent Psychiatry
Licensed by the Texas State Board of Medical Examiners

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[ ] Upheld (Agree)
[X] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a xx-year-old male who suffered an injury when the door from a vehicle slammed on his arm while he was exiting the vehicle. An MRI of the right elbow revealed small joint elbow effusion and he c/o severe pain in his right elbow. He is treated with Ultram and Flexeril. On behavioral medicine consultation on 11/05/2010, he rated his pain as 10/10. He rates his current level of functioning at 40%. He complains of fragmented sleep, a decrease in appetite with weight loss, irritability, restlessness, muscular tension, mild nervousness and mild sadness. He had a high fear avoidance score but did not endorse significant fear avoidance of work. He was diagnosed with a pain disorder associated with both psychological factors and a general medical condition. The treatment provider requested six sessions of IPT. This request was denied initially and upon appeal as not being medically necessary. The reviewer criticized the instruments used as being “inadequate and inappropriate to elucidate the pain problem, explicate any psychological dysfunction or support differential diagnosis in this case and there is no substantive behavior analysis to provide relevant diagnostic information. There is no indication that the current physical therapy will be inadequate to restore premorbid or reasonable functional status. At this time there is no evidence of lack of progress from PT as a required indication for

psychotherapy in this type of case. There is no documentation of specific, antecedent psychosocial risk factors predictive of a delayed recovery or risk of chronicity in this case, thus requiring psychological or behavioral services to prevent, resolve or reduce pain." The provider wrote an appeal letter stating the patient "has not recovered after 12 PT sessions, is reporting increased pain, mild difficulties with flexion of the elbow and extension of the wrist, subjective pain has not decreased and still has some joint effusion even after physical therapy. Additionally, the patient qualifies for 'at risk' of delayed recovery."

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

ODG DOES ALLOW INITIAL THERAPY FOR "AT RISK" PATIENTS AFTER FOUR WEEKS IF THERE IS LACK OF PROGRESS FROM PT ALONE. ODG IS FAIRLY LENIENT ON THE INDICATIONS. ODG STATES: "SCREEN FOR PATIENTS WITH RISK FACTORS FOR DELAYED RECOVERY, INCLUDING FEAR AVOIDANCE BELIEFS. SEE FABQ." THERE IS NO REQUIREMENT FOR ANY COMPLEX EVALUATIONS OR DIAGNOSTIC STUDIES AS IMPLIED BY THE PRIOR REVIEWER FOR THIS INITIAL TRIAL. SINCE THIS PATIENT'S FABQ SCORE INDICATED "SIGNIFICANT FEAR AVOIDANCE OF PHYSICAL ACTIVITY IN GENERAL", ACCORDING TO ODG, AN INITIAL TRIAL OF CBT WOULD BE RECOMMENDED. THE REVIEWER FINDS THAT THE REQUEST FOR INDIVIDUAL PSYCHOTHERAPY 1X6 WEEKS CPT 90806 IS 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

[X] MEDICAL JUDGEMENT, 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)