



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 12/30/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 6 sessions of individual psychotherapy. (90806)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The reviewer is a Psychologist with a secondary certification as an LPC. The reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding prospective medical necessity of 6 sessions of individual psychotherapy. (90806)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

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These records consist of the following (duplicate records are only listed from one source): Records reviewed from Injury 1: 12/17/10 letter by, 10/19/10 preauth request letter, 10/22/10 denial letter with report by Ph D, 11/5/10 preauth request and letter, 11/12/10 environmental intervention report, 11/11/10 denial letter, 11/12/10 prospective review determination, patient face sheet, 6/24/10 script, 10/19/10 individual psychotherapy assessment, 8/9/10 behavioral medicine consult, 8/9/10 addendum report, 5/14/10 electrodiagnostic testing report and 3/29/10 lumbar MRI report.

Starr: 12/15/10 letter by, DWC form 1 2/16/10, 4/16/10 PLN 11, 8/31/10 to 11/12/10 prospective review determinations, 3/23/10 radiology report, 9/13/10 to 10/18/10 individual psychotherapy notes, 10/20/10 consult note Wellspine PA, 6/10/10 to 10/19/10 follow up reports MD, handwritten SOAP notes 5/3/10 to 10/6/10, 8/13/10 to 10/1/10 procedure notes by Dr., 9/9/10 isometric strength testing by BTE, 8/30/10 exam by Healthcare, PPE report 8/31/10, 6/10/10 report by MD, 5/13/10 consult by Dr., 5/4/10 PPE, 4/21/10 initial visit by DO, 4/9/10 peer review by MD, 2/24/10 to 4/12/10 WC progress notes, 2/24/10 ED records from Hospital.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was injured while performing her customary duties. She was removing a trash bag from a can with approximately 60 lbs. of paper when she heard a pop in her back and felt intense pain. She finished her shift and reported the injury on her next work day. She sought treatment from an emergency room doctor and company doctor on xx/xx/xx. She was prescribed Hydrocodone and other medication and recommended to stay off work for one week. When she returned to work, the patient reported that she thought she would be able to do her job, but after a few hours her pain increased to a point that she collapsed. Her supervisor called 911 and she was taken to Medical Center. She states that she received 2 injections for pain and was sent home to follow up with a doctor. She received 6 to 7 injections during the following weeks, x-rays and an MRI on 03/29/10 of the lumbar spine. She also had an EMG on 05/14/10 that showed significant abnormalities. She has completed 6 physical therapy visits and 6 individual psychotherapy sessions. Most recent pain description was 8/10 on a scale of 1 to 10 with 10 being the worse.

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

The patient has completed six sessions of authorized individual psychotherapy following which she has made improvements in her daily living and socialization skills including helping with household chores and resuming church attendance. While her scores on the BDI and BAI do not demonstrate significant improvement, the social changes indicate that she has benefitted from treatment and would likely continue to improve.

ODG Guidelines for psychotherapy recommend an initial trial of 6 sessions over 6 weeks with evidence of functional improvement, total of up to 13-20 visits over 13-20 weeks. This patient meets the requirements for the ODG; therefore, this treatment is medically necessary at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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
- 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) American Psychological Association. (1985). Standards for educational and psychological testing (rev.). Washington, DC: Author.
Frank, R. G. & Elliott, T. R., Eds. (2000). Handbook of Rehabilitation Psychology. Washington, DC: American Psychological Association.