

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/31/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

90806 Individual Psychotherapy 1xwk x6wks

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)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

The patient is a Female who was injured on the job on xx/xx/xx while performing her duties as a. She had pain and swelling in her right arm while reaching. Her fingers locked and she was unable to. She was given conservative treatment. She has undergone physical therapy, which she found to be helpful. When not working as a, she has apparently been reassigned to work as a. She had a behavioral health consultation on 06/16/10. Diagnoses of MDD, single episode and Anxiety Disorder were given, based partially upon scores with the BDI and BAI. The summary states that the patient has experienced significant changes in her physical, social vocational and psychological functioning since her incident. A request was made for further testing with the MMPI-2-RF and BHI-2. This request was denied on appeal and the appeal upheld by IRO. A new request was then made for 6 sessions of individual psychotherapy. Subsequently, a DD evaluation on 08/19/10 notes the patient was at MMI and was able to resume her full duty without restrictions. She was given a 0% impairment rating. The 6 sessions of IT were denied by a reviewer and again on appeal. The rationale given was that since the behavioral health evaluation was completed, the DD evaluation found no work restrictions. The patient's work status remained unclear. There was no updated behavioral health information available.

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

The denial is consistent with ODG. According to the records and the most recent evaluation, (the DD evaluation) there is no impairment precluding return to work. Thus, this would not be an appropriately identified patient. Furthermore, ODG allows IT after a failed attempt at PT, but in this case, the patient successfully completed 12 PT sessions. The medical records that have been provided fail to give a rationale for IT at this time. The request does not

conform to ODG criteria for 90806 Individual Psychotherapy 1xwk x6wks. The reviewer finds that there is no medical necessity at this time for 90806 Individual Psychotherapy 1xwk x6wks.

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)