

SENT VIA EMAIL OR FAX ON
Jun/10/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/09/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy 1 X wk X 6 weeks

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

Licensed Psychologist

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

1. Cover sheet and working documents
2. Utilization review determination dated 04/15/11, 05/11/11
3. Reconsideration request dated 05/04/11
4. Health and behavioral reassessment dated 03/30/11
5. Radiographic report chest dated 09/01/09
6. CT cervical spine dated 09/01/09
7. CT head dated 09/01/09, 11/11/10
8. CT abdomen and pelvis dated 09/01/09
9. CT chest dated 11/10/10
10. Letter dated 12/08/09, 05/26/11
11. Initial rehabilitation evaluation dated 12/14/09, 11/23/09
12. Initial mental health status evaluation dated 12/14/09
13. EMG/NCV dated 01/07/10
14. IRO dated 01/27/10
15. Designated doctor evaluation dated 04/12/10
16. Physical performance baseline dated 04/28/10, 10/07/10
17. MRI cervical spine dated 05/14/10, 11/10/10
18. MRI left shoulder dated 05/14/10
19. Office visit note dated 05/25/10, 10/15/10, 10/29/10, 11/01/10, 11/05/10, 11/08/10, 11/24/10, 12/22/10, 01/10/11, 02/07/11, 02/14/11, 03/07/11, 04/04/11
20. Post surgical PPE dated 01/13/11, 03/17/11

21. Discharge summary dated 11/15/10
22. Operative and monitoring report dated 11/04/10
23. Medical records at Carrollton
24. Environmental intervention note dated 06/29/10, 04/13/11
25. Initial behavioral medicine consultation dated 06/03/10
26. Presurgical psychological testing and evaluation dated 07/14/10
27. Procedure note dated 10/01/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient fell from a ladder, striking his head. The patient denied loss of consciousness. Initial mental health status evaluation dated 12/14/09 indicates that the patient complains of neck pain. BDI is 4 and BAI is 8. Diagnosis is pain disorder associated with both psychological factors and a general medical condition, acute. Designated doctor evaluation dated 04/12/10 indicates that the patient has not reached MMI. Office visit note dated 05/25/10 indicates that treatment to date includes 14 sessions of physical therapy. Initial behavioral medicine consultation dated 06/03/10 indicates that psychomotor retardation was indicated; his speech was slurring and delayed. His memory for both recent and remote events appeared to be impaired. Diagnoses are rule out cognitive disorder and rule out pain disorder. BDI is 8 and BAI is 9. Presurgical psychological testing and evaluation dated 07/14/10 indicates that MMPI profile is valid. Diagnosis is pain disorder, rule out cognitive disorder. The patient underwent ACDF C6-7 on 11/04/10. CT of the head dated 11/11/10 is reported as unremarkable. His postoperative course was complicated with pneumonia. Health and behavioral reassessment dated 03/30/11 indicates that the patient reports frequent/severe headaches, dizziness/balance problems, confusion, hearing loss and ringing in his ears. Medications include Seroquel, Gabapentin, Levothyroxine, Amlodipine, Metoprolol, Simvastatin, Plavix, Zolpidem, Aspirin, Cyclobenzaprine, Tramadol, Lantus and Novolog. BDI is 16 and BAI is 10. Diagnosis remains unchanged.

Initial request for individual psychotherapy 1 x 6 weeks was non-certified on 04/15/11 noting that numerous neurological and cognitive deficits are reported, but not assessed. The initial evaluation does not attempt to further assess the patient's cognitive deficits and no neuropsychological testing was performed. The initial evaluation recommends a neuropsychological assessment and to rule out cognitive disorder. Without the results of this evaluation, it cannot be determined if impairments have resulted from brain impairment and what relationship these have with the pain complaint. Cognitive therapy for depression or anxiety is only appropriate when it is the primary focus of treatment which is not the case with this patient who is reporting chronic pain. The denial was upheld on appeal dated 05/11/11 noting the utilized psychometric instruments are inadequate/inappropriate to elucidate the pain problem, explicate psychological dysfunction, screen for any cognitive deficits or inform differential diagnosis in this case. The patient's psychological and behavior status would not be complete without neuropsychological screening.

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 1 x wk x 6 wks is not recommended as medically necessary, and the two previous denials are upheld. The submitted mental health and behavioral evaluations report numerous neurological and cognitive deficits and neuropsychological evaluation has been recommended; however, this has not been performed to assess the patient's current status. The patient underwent CT of the head which was unremarkable, but no neuropsychological testing has been administered to evaluate the patient's subjective complaints. Given the current clinical data, the requested individual psychotherapy is not indicated as medically necessary, and the two previous denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES