



REVIEWER’S REPORT

DATE OF REVIEW: 05/25/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Six sessions of individual psychotherapy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

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

Medical necessity has not been demonstrated for the requested six sessions of individual psychotherapy.

INFORMATION PROVIDED FOR REVIEW:

1. TDI Referral
2. Carrier’s URA findings, 4/14/11 to 5/3/11
3. Provider office notes, 3/21/2011 to 5/12/2011
4. Provider, office note, 3/24/2011
5. FCE, March 23, 2011

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This patient was injured on the job when a vehicle ran over his left foot/ankle and it resulted in a crush injury. The patient did have surgery to correct the injuries and also underwent conservative care and medications. There was a psychological evaluation performed on April 11, 2011 that indicated the patient was suffering from an Adjustment Disorder in association with severe depression.

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

ODG state that psychotherapy is indicated if there is delayed recovery due to psychological factors. There is inadequate information to determine whether the individual's pain is usual postoperative pain that would subside after the twelve sessions of physical therapy. Even though the individual is past the 90-day window of acute pain, the pain he is experiencing may be expected from this type of injury. If so, then physical therapy should improve the individual's pain level and functional ability. There is no information regarding the results of the physical therapy. Therefore, the request for psychotherapy does not meet ODG. If the pain levels remain high after physical therapy, and his functional status is impaired, and if no additional organic pathology is identified, then ODG would be met for psychotherapy. However, at this time ODG are not met.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)