



MedHealth Review, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: 3/25/11

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) and biofeedback (90901).

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

The reviewer is a Medical Doctor who is board certified in Psychiatry. 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 agrees with the previous adverse determination regarding the 6 sessions of individual psychotherapy (90806) and biofeedback (90901)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Injury Clinic and.

These records consist of the following (duplicate records are only listed from one source): Records reviewed: 3/10/11 letter by, 1/27/11 preauth request form, 2/17/11 denial letter, undated and unsigned 'review summary', 3/3/11

reconsideration of preauth request form, 1/27/11 pt face sheet, 12210 script for psych eval, 3/2/11 reconsideration request letter, 12/29/10 treatment summary, 10/15/10 initial psych eval, 3/7/11 denial letter, 3/7/11 environmental intervention note, 12/30/10 to 2/24/11 follow up reports by Dr., 2/23/11 follow up by MD and 6/15/10 lumbar MRI report.

: various DWC 73 forms, 1/24/11 DWC 69 and report by MD and 3/8/11 denial letter.

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

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained a job related back injury on xx/xx/xx. An MRI of the lumbar spine of 6/15/10 revealed a herniated disc and facet arthritis at L4/5 and minimal foraminal narrowing at L5/S1. MD noted on 12/30/10 that a lumbar sprain/strain existed with a herniated disc at L4/5. He recommended analgesics, PT and light duty.

MD (designated doctor) noted on 1/24/11 lumbar disc herniation, DJD at L4/5 and L5/S1 lumbar radiculopathy with psychological stressors. He noted that the patient “has received individual psychotherapy sessions already.” He requested “evaluation by an appropriately qualified and certified psychologist in pain management.”

LPC reported on 10/15/10 of a pain disorder associated with psychological factors and general medical condition with a GAF 60/85. In that report Mood was described as euthymic, Affect was congruent, no perceptual abnormality or risk factors were identified. A re-evaluation by, LPC on 12/29/10 gave the same diagnosis, GAF of 57/82+ and treatment recommendations without documenting any mental status re-examination.

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

The reviewer notes that based upon the review of records, the patient had a euthymic mood with congruent affect in the absence of active psychosis and/or well defined behavioral risk factors. This does not reflect any significant emotional and or functional impairment that merit immediate aggressive psychotherapy and/or biofeedback. Secondly, the records indicate the requested procedure has already been performed as per Dr. notes.

The criteria for the ODG are not met based upon the above mentioned findings. Therefore, the requested services are not 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)