

# I-Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/14/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

individual psychotherapy 1x a week x 6 weeks and biofeedback therapy 1x a week x 6 weeks

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

MD, Board Certified by the American Board of Psychiatry and Neurology  
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**

Official Disability Guidelines

Provider 12/27/10, 1/25/11

Clinic 9/28/10 to 1/24/11

PhD no date

MD no date

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male who was injured at work on XX/XX/XXXX. He was assaulted by a fellow employee who kicked him in the jaw and neck. He was hospitalized for an unknown amount of time and apparently suffered TBI. He has lost his sense of smell, his taste has changed, and he has decreased vision. He had a psychological evaluation and was diagnosed with Cognitive Disorder NOS, Mood Disorder and PTSD. He was approved and received 6 sessions of IP. A request was made for an additional 6 sessions to be combined with biofeedback. The request was denied as not being medically necessary because "there was no evidence of objective functional improvement". The treatment team wrote an appeal letter documenting the gains the patient had made during his 6 sessions. Specifically, he reports reduced reliance on others; he drives himself to the appointments; he is compliant and motivated to attend all his appointments; he has made efforts to be out and not isolate himself; he is trying to maintain normal daily activities each day and take an active part in family life. His ratings have improved for pain, irritability, frustration, anxiety, depression, sleep and memory.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS**

**AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The appeal letter documents modest improvements in many areas of the claimant's ability to function. It is reasonable to continue with the additional sessions of IP and biofeedback to try to improve the claimant's functioning further. This is in accordance of ODG. The reviewer finds there is medical necessity for individual psychotherapy 1x a week x 6 weeks and biofeedback therapy 1x a week x 6 weeks.

**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)