CareReview™

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Notice of Independent Review Decision

DATE OF REVIEW: March 7, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Psych. X 6 (90806)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
This reviewer is a Board Certified Psychiatrist with 19 years of experience.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
In December 2010, the claimant underwent a health and behavioral re-assessment. His treating physician requested an evaluation his emotional status and subjective pain to assess the relationship to the work accident and to determine his suitability for progression to some sort of low level behavioral treatment. He underwent left knee arthroscopy 6/24/08 and another knee surgery in 2009. He reports 10 sessions of postoperative physical therapy. He also participated in 4 sessions of individual psychotherapy and a chronic pain management program in 2009. His current pain level is 8/10 described as a burning pain in his left knee which interferes in his daily activities. He endures sleep maintenance insomnia, his mood is dysthymic and anxious, he has

irritability, restlessness, frustration, anger, muscle tension/spasm, nervousness and worry, sadness and depression, sleep disturbance and forgetfulness. He should receive immediate authorization for participation in a low level booster of individual psychotherapy for a minimum of 6 weeks.

On December 28, 2010, a psychologist performed a utilization review on the claimant Rational for Denial: There is no reasonable explanation given for the failed previous psychotherapy and pain program. There was inadequate response to this program is clearly a negative prognostic sing for any functional or objective improvement from unimodal psychotherapy. Therefore, it is not certified.

On January 25, 2011, a psychologist performed a utilization review on the claimant. Rational for Denial: There is no assessment of the patient's inability to benefit from this recent CPMP and previous individual psychotherapy sessions. This presents poor prognosis for the requested treatment. At the present time there is no concurrent physical therapy treatment of this injury. Therefore, it is not certified.

PATIENT CLINICAL HISTORY:

In 2008, this male sustained an injury to the left knee while driving a large truck when he depressed the clutch and his foot slipped causing his knee to pop with immediate pain and swelling.

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

It is my medical opinion that psychotherapy is not presently indicated as he apparently failed the previous psychotherapy and pain program without any given explanation; therefore, the previous decisions are upheld.

ODG Psychotherapy Guidelines:

- Initial trial of 6 visits over 6 weeks
- With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)

Extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials. Although short-term psychotherapy is effective for most individuals experiencing acute distress, short-term treatments are insufficient for many patients with multiple or chronic mental disorders or personality disorders. (Leichsenring, 2008)

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)