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Notice of Independent Review Decision

DATE OF REVIEW: 5-4-2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of individual psychotherapy for 6 visits.

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

The reviewer is a Licensed Professional Counselor. 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 disagrees with the previous adverse determination regarding the individual psychotherapy for 6 visits.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

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

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Insurer included MDR paperwork, preauthorization request 1-27-2011, initial behavioral medicine consultation 1-17-2011, prescription from MD, history and physical MD 1-12-2011, reports from Clinic 1-4-2011 and 12-2-2010 and 12-23-2010, request for reconsideration 2-22-2011.

Records from Clinic included letter 4-21-2011, MDR paperwork, insurer determination 2-1-2011 and 3-8-2011, request for reconsideration 2-22-2011, and report from MD 1-26-2011.

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a XX year old female who was injured while performing work related duties at a facility. She had worked with the company for 30 years. While slicing materials, she felt a sharp pain in her wrist. She went to a doctor one week following the injury and has had surgery for carpal tunnel release. She reported that her pain recently is a 9 on a scale of 1 to 10.

Claimant is married, has a daughter and has a strong religious faith. She continues to report intense pain even though there were discrepancies in her physical evaluation. She has participated in 6 individual psychotherapy sessions with reported improvement in her depression levels. Her anxiety levels worsened. Recent evaluations with the Beck Depression Inventory indicate moderate levels of depression and mild levels of anxiety on the Beck Anxiety Inventory. Claimant reported interest in psychotherapy to help alleviate her sleep difficulties and mood disturbance.

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

The requested individual psychotherapy sessions are medically necessary based on the information provided. Claimant is currently endorsing moderate depression, poor sleep maintenance and difficulties with basic life skills. She would benefit from additional therapy to continue her decrease in reported depressive symptoms as well as to address her anxiety.

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)