

Notice of Independent Review Decision Amended

DATE OF REVIEW: 5/10/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

4 Sessions of Behavioral Intervention 96152

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

The physician performing this review is Board Certified, American Board of Psychiatry and Neurology. He has been in practice since 1963 and is licensed in Texas.

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.

Regarding the outcome of this review, I would overturn and disagree with the previous denial for 4 Sessions of Behavioral Intervention 96152

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records Received: 17 page fax 4/20/11 IRO request, 20 page fax 4/20/11 URA response to disputed services including administrative and medical records, 10 page fax 4/30/11 Provider response to disputed services including administrative and medical records

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient has suffered reflex sympathetic dystrophy for many years and has been treated in the past by a Dr. There is considerable correspondence from him in the packet of letters that I received for this review. His appeals for further

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treatment for the patient have been reviewed and denied by a Dr. and a Dr. Both of these parties are listed as being Ph.D. psychologists. However, they are described in the paperwork that I received as physicians. Actually, the only physicians that I am aware of in all of these records would be a Dr. whose place in the case is unknown to me. I see no correspondence from him or any medical records. There is also mention of a Dr. who is a pain management specialist, and then a Dr. who is an orthopedic surgeon.

The patient has recently come to the attention of the psychologist, Dr. who has treated her in the past. She indicates that she has experienced worsening of her old symptomatology, and he has applied for approval of further psychotherapeutic sessions, which have been denied. Apparently, this denial has rested on the length of time that has passed, some 14 years all told, plus the fact that she cannot be identified appropriately as a patient in need of psychotherapy inasmuch as her original symptomatology related to pain as a consequence of her accident with other somatic complaints. It is felt by that reviewer that the patient cannot be appropriately defined as being in need of psychotherapy.

Dr. letter of 08/25/08 makes mention of two things that I think are quite significant. One is he mentions major depression into which the patient has declined, and he also mentions Dr. comments regarding reflex sympathetic dystrophy, which has been well described for a long time in this patient, and he describes it as usually ongoing and permanent. He also indicated he felt that psychotherapy was relevant and medically necessary in association with her original injury.

This was mentioned by Dr. in a letter of 08/25/08, and then later in a letter of 04/03/11 he talks about her sense of hopelessness and suicidal ideation.

Regarding psychotropic medications, this patient has been on Topamax, Cymbalta, Lyrica, and Wellbutrin. I have no idea who has prescribed these different medications, what dosages she has been currently taking, and specifically what results were intended with these things. It is very plain from Dr. words from his examination of 04/26/10 that such a need for psychotherapy and treatment of reflex sympathetic dystrophy is likely to be an ongoing need, and there is likely no "end point" that one might look forward to in the course of treatment.

Dr. makes a further effort dated 04/11/11 to gain approval for his proposed treatments, which would be some four sessions, one hour apiece, over a period of six months.

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

Regarding the outcome of this review, I would overturn and disagree with the previous denial.

The patient's clinical history is characterized at this time by a recurrence of symptomatology despite her history of remission following Dr. previous ministrations. That is not uncommon with major depressive disorder.

I cite my own medical judgment and clinical experience in these matters. It seems very clear to me that the patient's present symptoms are the recurrence of old symptoms and the extension of the symptoms of the major depressive disorder.

This note is written with two purposes. The first is to acknowledge reference to *ODG* pertaining to major depressive disorder (MDD). The second is to explain my opining to overturn a previous reviewer's denial of appeal for further treatment for this patient.

Amended Information:

The reader must recognize that MDD is described in the *ODG* as "excessively long or intense period of deep sadness or apathy," also, that it may last two years or more, may recur throughout a lifetime, may result in suicide, and may demonstrate other debilitating features as well. It is readily apparent to the clinician that MDD, once in remission, can recur or exacerbate at later, and such an event cannot be limited to a given period of days. I believe Dr. does recognize this eventuality in his assessment.

Also, Dr. in response to specific questions regarding the outlook for both MDD and reflex sympathetic dystrophy has answered that both conditions may require care indefinitely with no "end point" being foreseeable.

In the case of MDD, psychiatrists recognize that ongoing supportive psychotherapy plus the use of antidepressants augmented by antipsychotics offer the patient an opportunity to achieve a superior level of recovery and that maintaining such a medical regimen is often required to prevent recurrence and can, in fact, facilitate a return to work.

The above circumstances considered, it seems evident to me that the patient has not received optimal treatment and that such is mandatory 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)