SENT VIA EMAIL OR FAX ON
Apr/21/2011

IRO Express Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Cognitive Behavioral Therapy 2xWx12; Medical Group Psychotherapy 1xWx12; Objective Psychological Testing 3 hours; Medical Biofeedback Training 2xWx12

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Certified by the American Board of Psychiatry and Neurology with additional qualifications in Child and Adolescent Psychiatry

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)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Dr. 1/26/11 thru 3/23/11
Letter from 3/28/11
3/15/11 and 3/9/11
3/31/11 and 4/11/11

PATIENT CLINICAL HISTORY SUMMARY
The patient is a male who was electrocuted accidentally during his normal course of duties at work on xx/xx/xx. He is diagnosed with PTSD and continues to have symptoms of this disorder, including nightmares and insomnia. He also has significant physical problems including spinal injury, numbness and tingling in his right hand, severe left lower extremity radiculopathy and a cardiac condition. This has impaired ADL's so that he frequently drops things and cuts himself frequently. He has had two significant suicidal episodes with high lethality. He has apparently had some psychological treatment (record not available for

review) with a slight improvement in his sleep pattern. A request has been made for a comprehensive treatment program, which includes individual and group psychotherapy and biofeedback training and further psychological testing. The request has been denied by the insurance company reviewer. The reviewer notes that there are few signs of objective improvement of signs of depression, anxiety or mood disorders. Guidelines support continuation of CBT and biofeedback based on objective functional improvement. Additionally, the number of sessions requested is over the usual 20 sessions listed in the guidelines. The treating physician has rebutted that this is an unusual and complex case, and must be assessed according to Appendix D, Documenting Exceptions to the Guidelines.

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

The treating physician provides an entire library of research articles to document his claim that this patient is unusual and more complex than most. Treating PTSD in general is a slow process, as documented in many articles. Success in such treatment is usually measured in months and even years of treatment, not in weeks. It is certainly not unusual for PTSD patients to become much worse early in treatment as they are confronted with painful reminders of their trauma. The treatment plan that is proposed seems well thought out and supported by the accompanying documentation. It is appropriate for the treatment team to have an aggressive approach at this stage in order to have a better chance of improvement in this patient's symptoms. The Exceptions in Appendix D allow for such aggressive treatment in these circumstances. The Appendix states: "The provider should demonstrate how this functional improvement would be the expected result of the treatment in this case, either from past experience of from an explanation about the mechanism of injury and the effect of the treatment, and documenting points where this improvement can be measured." The provider in this case has accomplished this requirement in his appeal letter.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES