

SENT VIA EMAIL OR FAX ON  
May/03/2011

## Independent Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
May/03/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Group Psychotherapy (other than of a multiple family group)

**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)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

#### **PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who suffered a traumatic experience at work on xx/xx/xxxx. Since that time, she has experienced significant anxiety, depression and severe symptoms of PTSD. She has received CBT and group psychotherapy and is considered to be significantly improved. She is more comfortable socially. Interest, initiative and motivation for occupational re-entry have improved. Grooming and social skills have improved to the point of employability. A request was made for additional group psychotherapy weekly from 04/18/2011 to 07/17/2011. The request was denied by the insurance company reviewer. The reviewer notes that ODG supports psychotherapy, specifically CBT, in cases of PTSD. However, the maximum allowed is 50 sessions in a year. The rationale for denial given is:

“In this case, it is not clear whether up to 50 sessions have been completed or not or if significantly more number of sessions were done above that number. Therefore, the request for 12 sessions of medical group psychotherapy is not medically reasonable or necessary.”

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

The reviewer’s objections are perfectly reasonable and in accord with ODG. Although the reviewer raised the question about the total number of sessions already performed, this question is never answered in the medical records sent for review. Additionally, there is a letter dated April 22, 2011 from Inc, to the attending physician, Dr. It states: “In your response you indicated that the claimant is capable of full-time medium physical demand work with restrictions of no kiosk or cash handling work.” He was asked to clarify the situation, but there is no response in the record. If indeed she were capable of full-time employment, then this also would go against the medical necessity of her needing further treatment in order to be employable.

**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)