I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/23/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
6 sessions of individual psychotherapy

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Certified by the American Board of Psychiatry and Neurology

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines
SRS 4/11/11, 4/21/11
Injury 1 4/6/11 to 5/4/11
M.D. 3/9/11 to 4/6/11
M.D. 3/24/11

PATIENT CLINICAL HISTORY SUMMARY
The patient is a man who was injured at work on xx/xx/xx. He injured his right knee while performing his customary duties as a. He slipped at work and his right knee bent resulting in significant pain. An MRI showed a tear of the body and posterior horn of the medial meniscus, hybrid chondromalacia at the low femoral joint and a partial tear of the distal quadriceps tendon. There was knee effusion. He underwent right knee arthroscopic surgery on 11/22/2010. A behavioral medicine consultation was completed on 03/16/2011. He was diagnosed with Pain Disorder associated with both psychological factors and a general medical condition, chronic. During the interview, he rated his pain as 10/10 and noted that it interfered with both daily activities and work. He reported insomnia, irritability, frustration and anger and forgetfulness. On the rating scales, he showed minimal depression and anxiety but significant fear avoidance. A request was made for 6 sessions of psychotherapy. The request was denied as not being consistent with ODG. An appeal letter was written by the treatment provider stating that the patient is expressing pain behaviors and showed some depression during the clinical interview. It was noted that he has apparently completed 8/12 physical therapy visits.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
The insurance company reviewer has noted that psychotherapy is not recommended solely in

cases of chronic pain. However, it can be utilized if after 4 weeks there is lack of progress from PT alone. Records indicate this patient seems to be making reasonable progress in PT, so this is not an issue. The main findings on the behavioral medicine consultation were fear avoidance. Because the patient is apparently making progress in PT, then this is not currently an issue impeding his recovery. Therefore, the reviewer finds no medical necessity for 6 sessions of individual psychotherapy.

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

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

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)