

Prime 400 LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/13/2011

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 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

Denial Letters, 1/28/11, 2/24/11

ODG

Injury 1 1/13/11-3/1/11

Dr. D.C. 12/23/10

M.D. 7/26/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a man who sustained a work-related injury to his low back on xx/xx/xx while performing his customary duties. He stepped out of his truck and slipped and fell, landing on his buttocks, hip and pelvis, injuring his low back. He was given pain medication and referred for physical therapy. The notes indicate that he completed all six sessions of PT without feeling much improvement. He was referred for a psychological evaluation. His mood was dysthymic. He endorsed irritability and restlessness, frustration and anger, muscle tension/spasm, nervousness and worry, sadness and depression, sleep disturbance and forgetfulness. He showed mild anxiety and mild depression on the Beck scales. He was diagnosed with MDD. A request was made for 6 sessions of individual psychotherapy. This was denied. On appeal, it was denied again. The rationale given by the reviewer was that "initial therapy for these at risk patients should be PT for exercise instruction. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone; then give an initial trial of 3-4 psychotherapy visits over 2 weeks."

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

The clinical records for this case show the patient has already completed the initial six sessions of PT and has not benefited from them. Since this PT has been completed, the request for a trial of psychotherapy is completely compatible with ODG recommendations. Upon independent review, the reviewer finds that the previous adverse

determination/adverse determinations should be overturned. The reviewer finds there is 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

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)