

Prime 400 LLC

An Independent Review Organization
240 Commercial Street, Suite D
Nevada City, CA 95959
Phone: (530) 554-4970
Fax: (530) 687-9015
Email: manager@prime400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 Additional sessions of cognitive therapy 1 x per week for 90 days #90806

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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female who was injured at work on xx/xx/xx while working in her position as an employee of xx where she slipped and fell to the ground injuring her right knee. She had several surgeries of the right knee and subsequently underwent a right total knee arthroplasty. A psychiatric evaluation performed 03/27/2008 noted she had some improvement in the pain but tended to isolate herself and had become chronically depressed. She has taken antidepressants including Cymbalta and Lexapro. These were discontinued after she attended a pain management program, which she completed. She also participated in biofeedback training. She was diagnosed with Major depressive disorder and had suicidal ideation. She did begin to receive individual psychotherapy at that time. She has had a total of 138 sessions of cognitive therapy. A request has been made for an additional 12 sessions of therapy on a weekly basis. This request was denied as it exceeds the maximum of 20 visits specified in ODG. On appeal, the treating physician, MD, states that the patient relapsed after treatment was halted, and she again became suicidal. He notes "there have been objective signs of functional improvement with treatment at weekly intervals. Her mood has begun to stabilize and she is re-engaging in her treatment plan and earnestly attempting to lose weight to remove stress from her

knees. Whereas she had become isolated, group therapy has improved socialization and helped to overcome the emotional withdrawal and isolation, which had taken place. Measureable goals and progress points expected from additional treatment would be prevention of further relapse and prevent the re-emergence of hopelessness, helplessness and despondency.” He further noted that ODG does provide support for patients in whom the medical care is an exception to ODG.

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

THE ATTENDING PHYSICIAN MAKES A PERSUASIVE ARGUMENT FOR CONTINUED TREATMENT OF THIS INDIVIDUAL. SHE HAS ALREADY RECEIVED 138 SESSIONS WITH DEFINITE IMPROVEMENT AND HAS POTENTIAL TO REACH MAXIMUM IMPROVEMENT WITH THE REQUESTED ADDITIONAL 12 SESSIONS.

IT WOULD NOT SEEM REASONABLE TO RISK A RELAPSE BY DENYING THESE FEW SESSIONS WHEN THE PATIENT HAS ALREADY UTILIZED A GREAT DEAL OF HEALTH CARE SERVICES. THE ODG CITED BY THE PROVIDER DOES STATE THAT EXCEPTIONS CAN BE MADE TO THE USUAL GUIDELINES (IN THIS CASE A MAXIMUM OF 20 VISITS) IF THE RATIONALE IS CLEARLY PRESENTED EXPLAINING EXTENUATING CIRCUMSTANCES, PATIENT CO-MORBIDITIES, OBJECTIVE SIGNS OF FUNCTIONAL IMPROVEMENT AND MEASURABLE GOALS AND PROGRESS POINTS EXPECTED FROM ADDITIONAL TREATMENT. IT APPEARS THAT THE PROVIDER HAS MET THESE REQUIREMENTS. THEREFORE, AND BASED UPON INDEPENDENT REVIEW, THE REVIEWER FINDS THAT THERE IS A MEDICAL NECESSITY FOR 12 ADDITIONAL SESSIONS OF COGNITIVE THERAPY 1 X PER WEEK FOR 90 DAYS, #90806.

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)