

Prime 400 LLC

An Independent Review Organization
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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, Board 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

Official Disability Guidelines

3/22/11, 3/3/11

Injury 1 2/18/11 to 3/15/11

M.D. 11/17/10 to 2/16/11

Diagnostic 8/11/10

Evaluation Center 1/3/11

P.A. 2/28/11

Medical Center 9/15/10

DTI 3/8/10

Alliance 9/29/09

AMI 8/16/09

PATIENT CLINICAL HISTORY SUMMARY

The patient is a man who sustained a work-related injury to the left knee on xx/xx/xx. He was carrying panels weighing about 100 pounds with the help of a co-worker when he felt severe pain in his left knee. His attending physician noted on 01/19/2011 that he had a designated doctor evaluation and was determined that he was at maximum medical improvement as of December 2010. The patient is very focused on his ACL tear, which appears to be chronic. On 02/16/2011, his attending wrote that he still continues to have severe pain and swelling in his left knee, worse at the end of the day. He cannot sleep at night because of the pain. He was felt by the attending to be showing signs of severe depression and was started on Effexor XR 75 mg. daily. He also had a behavioral medicine consultation on 02/18/2011. On rating scales, he had high scores for irritability, frustration and anger, muscle tension, anxiety, depression, sleep disturbance and forgetfulness. The BDI and BAI showed only mild anxiety and depression but his Fear avoidance beliefs questionnaire showed high levels. Six sessions of psychotherapy were requested, but denied. The insurance reviewer dismissed

the use of the BAI, BDI and Fear avoidance questionnaires as being inappropriate for the assessment and felt that psychotherapy was inappropriate in this case.

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

The date of this patient's injury was xx/xx/xx. As of February 2011, his attending physician noted that he had severe pain and was overly focused on his pain. The attending physician noted that he seemed severely clinically depressed and prescribed an antidepressant. The behavioral consultation also noted depression as well as significant fear avoidance.

The records state the patient is experiencing a delayed recovery from his injury, most likely related to his depression. As to the use of BAI, BDI and Fear avoidance questionnaire, these screening tests are often mentioned in the ODG and are among the primary screening tools used by most of the clinicians when dealing with such cases. According to ODG, psychotherapy is appropriate to deal with issues related to the delayed recovery, and this request therefore is in accordance with the guidelines. 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)