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Notice of Independent Review Decision

DATE OF REVIEW: 5-20-2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of individual psychotherapy therapy (90806) X 6 sessions.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The reviewer is a Licensed Professional Counselor who has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the individual psychotherapy therapy (90806) X 6 sessions.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: MD, Direct, and MD.

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from included MD records dated 2-14-2011, 1-17-2011, 12-14-2010;
prescription with date illegible; demographics 12-14-2010; progress notes 2-14-2011, 2-4-

2011, 1-17-2011, 12-20-2010, 12-14-2010; x-ray report 1-17-2011, MD report 12-15-2010; MRI 1-22-2002; treatment plan 12-20-2010; request for IRO 5-2-2011; appeal letter 5-16-2011; behavioral medicine consultation 2-4-2011.

Records from included request for pre-authorization 2-18-2011, 2-22-2011; letter 6-10-2005; ReviewMed review 6-1-2005; pre-authorization appeal 3-17-2011; request for pre-authorization 2-18-2011.

Records from MD included MDR paperwork.

A copy of the ODG was not provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

Mr. is a male who suffered a work-related back injury when he fell at work. He was employed as a xx and was caulking a building on xx/xx/xx when he slipped and fell as he was attempting to climb down from a cherry picker that had run out of fuel. He fell one story and landed on his back on a handrail. He continues to experience debilitating pain and impairment of function that have interfered with activities of daily living as well as performance of work behaviors.

He has been treated with conservative care, medications and injections. He is currently taking Hydrocodone, Tramadol, Neurontin, Flexeril and Effexor. He denied a pre-injury history of psychiatric treatment, including counseling, psychotherapy, or psychotropic medication. He experienced an increase in stress and emotional distress following his injury and has been prescribed Effexor since 2002.

A psychological evaluation dated 2/2/11 reports that the patient is experiencing moderate depressive symptoms and moderate symptoms of anxiety including suicidal ideation. Diagnostic impressions include Pain Disorder and Adjustment Disorder. Mr. is currently off work and is currently receiving a Social Security Disability Pension.

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

The requested individual psychotherapy sessions are medically necessary based on the information provided. Based on Mr. revelation of suicidal ideation and moderate levels of depression and anxiety during his 2011 psychological exam, treatment is appropriate under the ODG (2011) chapter on Mental Illness/Stress. This chapter supports the provision of individual cognitive behavior therapy to address symptoms of depression that stem from work-related injury. Mr. is taking an antidepressant, yet antidepressants are recommended, although not generally as stand-alone treatment according to the ODG (2011). The ODG (2011)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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)