SENT VIA EMAIL OR FAX ON
Nov/22/2011

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Nov/21/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual Psychotherapy 6 sessions

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Licensed Psychologist

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
OD Guidelines
Cover sheet and working documents
Utilization review determination dated 10/11/11, 11/03/11
Response to denial letter dated 10/11/11
Initial diagnostic screening dated 09/19/11
Mental health evaluation/treatment request dated 08/23/11
Office visit note dated 08/23/11
Lumbar MRI dated 07/15/11

PATIENT CLINICAL HISTORY SUMMARY
The patient is a male whose date of injury is xx/xx/xx. On this date the patient was lifting a cabinet and twisted and tilted to his left side. The patient states that he hurt his back immediately. Office visit note dated 08/23/11 indicates that the patient underwent 6 sessions of physical therapy and he says that this was not helpful. Initial diagnostic screening (90801) dated 09/19/11 indicates that the patient presents with a chief complaint of mood disturbances, sleep disorder, vocational concerns, psychosocial stressors, physical

limitations and weight issues. Current medications include Medrol DosePak and Celebrex. BDI is 5 and BAI is 4. Diagnosis is adjustment disorder with mixed anxiety and depressed mood.

Initial request for individual psychotherapy was non-certified on 10/11/11 noting that there is no evidence that these minimal psychological symptoms constitute a delay in the "usual time of recovery" from this acute injury. This is a new injury (4 months old) with acute pain. The patient is actively involved in the continued evaluation and treatment of this new injury. The patient continues to work light duty and began additional physical therapy on 10/03/11. There has been no report of lack of progress from his continued medical treatment of this injury. At this time, there is no reason to believe that the current active rehabilitation will be insufficient to restore functional status. The evaluation does not identify specific behavioral or psychological findings that suggest risk factors for delayed recovery or chronicity. The denial was upheld on 11/03/11 noting that the mental health evaluation of 09/19/11 finds impression of adjustment disorder; however, there is no psychometric assessment to elucidate the pain problem, explicate psychological dysfunction or inform differential diagnosis in this case. The patient continues to work and no psychological or interpersonal problems are documented in this context.

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

Based on the clinical information provided, the request for individual psychotherapy 6 sessions is not recommended as medically necessary and the two previous denials are upheld. Initial diagnostic screening dated 09/19/11 indicates that the patient presents with minimal indicators for individual psychotherapy with Beck Depression Inventory of 5 and Beck Anxiety Inventory of 4. The patient is not currently taking any psychotropic medications. The Official Disability Guidelines note that the gold standard of treatment is a combination of medication management and individual psychotherapy. Given the current clinical data, the requested individual psychotherapy is not indicated as medically necessary.

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)