

SENT VIA EMAIL OR FAX ON
Aug/29/2011

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/29/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual Psychotherapy 1 X 6

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

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
OD Guidelines

1. Request for IRO 08/12/11
2. MRI lumbar spine 12/16/10
3. Clinical records Dr. 02/08/11 and 03/09/11
4. Clinical records MS, LPC 06/26/11
5. Treatment records DC 03/15/11 through 04/20/11
6. Letter of appeal 07/12/11
7. Utilization review determination 07/12/11
8. Utilization review determination 08/03/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. He is reported to have been laying concrete blocks on a wall when he developed pain in his low back which became severe. He's been treated by Dr. DC with physical therapy. He was

referred for MRI of the lumbar spine on 12/16/10 which shows disc protrusions at L3-4 and L5-S1 without spinal stenosis or neural foraminal stenosis there's ligamentum flavum hypertrophy in the mid and lower lumbar spine. Records indicate that the claimant was referred for behavioral health evaluation on 02/21/11 secondary to complaints of mood disturbances anxiety psychosocial stressors and physical limitations. Records indicate that the claimant's current medication include Hydrocodone ibuprofen and Flexeril. Psychiatric testing indicates that the claimant had a Beck depression inventory of 4 and an anxiety inventory of 9. The claimant was subsequently recommended to receive treatment for anxiety and depression. On 06/26/11 submitted a treatment progress report. On his Beck depression inventory he scored a 23 indicating a 19 point increase from his previous score. His Beck anxiety inventory was 19 indicating mild anxiety resulting in a 10 point increase. A subsequent request was made for individual psychotherapy times six.

On 07/12/11 this initial request was reviewed by Dr. PhD who non-certifies the request noting that the documentation indicates that the claimant completed six sessions of individual psychotherapy and that both his BDI and BAI scores increased by 10 points. He notes that Official Disability Guidelines only recommends continuation of individual psychotherapy when there is evidence of objective functional improvement. A subsequent letter of appeal was submitted and this was reviewed or the appeal was reviewed on 08/01/11 by Dr. PhD who notes that the request for additional psychotherapy is not indicated. He discussed the case with. It's noted that the patient has deteriorated on the Beck depression and anxiety inventories but show an overall increase in activity level. Dr. notes that this appears to be secondary to a recent epidural steroid injection rather than improvement with individual psychotherapy he notes given a lack of improvement continuation is not warranted.

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

The request for individual psychotherapy one times six is not supported by the submitted clinical information and the previous denials are upheld. The available clinical records indicate that the claimant had minimal depression and anxiety as a result of his work place injuries. There was no clinical indication for individual psychotherapy with BDI and BAI in the at these levels however with the performance of individual psychotherapy the claimant's BDI and BAI increased by 10 points clearly indicating that the claimant had not received any benefit from this treatment. As such the continuation of this treatment would not be clinically indicated.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES