

C-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION - AMENDMENT

DATE OF REVIEW: Sep/09/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy 1 x 4 Weeks

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

MD, Psychiatrist

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, Chapter: Pain

Direct 8/8/11, 8/19/11

Injury Clinic 7/27/11 to 8/23/11

PA 7/11/11

M.D. 7/11/11 to 8/1/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a man who sustained a work-related injury to his low back on xx/xx/xxxx. He was injured as he was pulling and twisting a crate. CT scan on 03/29/2011 indicates degenerative disk disease at L3-5 with neuropathy into the right quadrant. He has had two ESI injections and recommended PT. He was referred for a behavioral evaluation, which found his functioning at 85% of pre-injury level. He has changes in his social life, sleep, and emotional well-being. He has mild anxiety, mild depression and significant fear avoidance of physical activity. His diagnosis is Pain Disorder. A request was made for 4 sessions of psychotherapy. The goals include education, help him re-conceptualize his view of the problem, identify irrational thinking and more. The request was denied. The peer reviewer felt the utilized instruments were inadequate and disagreed with the stated goals of treatment.

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

ODG recommends psychological treatment for appropriately identified patients during treatment for chronic pain. The goals include setting goals for the patient, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, and addressing co-morbidities. Once identified by a psychologist, brief individual or group therapy is recommended. A review of the psychological evaluation and request in this particular case conforms to all required ODG requirements. The reviewer finds there is a medical necessity for Individual Psychotherapy 1 x 4 Weeks.

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)