

SENT VIA EMAIL OR FAX ON
Aug/29/2011

Applied Resolutions LLC

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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:

Psychology

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. Cover sheet and working documents
2. Initial interview dated 06/27/11
3. Medical record review dated 06/29/11
4. Initial review adverse determination letter individual psychotherapy 1 x 6 dated 07/22/11
5. Request for reconsideration dated 07/28/11
6. Reconsideration adverse determination letter appeal request individual psychotherapy 1 x 6 dated 08/04/11
7. Request for medical dispute resolution dated 08/16/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xxxx. On this date the patient developed pain secondary to constant rotation of the neck. Psychological evaluation dated 06/27/11 indicates that treatment to date includes x-rays, MRI, physical therapy, TENS unit and medication management. The patient reports appetite decrease, sadness, hopelessness, insomnia and frustration. Current medications include Tramacet, Temazepam, and Lidoderm patch. BDI is 43 and BAI is 40. Diagnoses are chronic pain disorder associated with both psychological factors and a general medical condition; adjustment disorder with mixed anxiety/depressed mood, chronic; and sleep disorder due to general medical condition. Peer review dated 06/29/11 indicates that the current diagnosis is soft tissue sprain/strain of the cervical spine. Appropriate treatment is noted to include x-rays and 6-10 visits of

manipulation or manual therapy.

Initial request for individual psychotherapy was non-certified on 07/22/11 noting that there are too many unanswered questions including the depth of emotional distress, how it relates to injury, plans for psychotropic medication management, current physical treatments. The psychological evaluation is mostly generic statements. The denial was upheld on appeal dated 08/04/11 noting that there is no discussion of the factors leading to the magnified reports of pain and emotional distress with no objective personality testing to assess conscious, motivational or psychological factors affecting these self-reports. The treatment plan is the same generic plan submitted for most patients by this facility. The appeal letter simply quotes ODG and does not address any of the issues raised by the denial.

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 1 x 6 is not recommended as medically necessary, and the two previous denials are upheld. The patient sustained a soft tissue sprain/strain injury to the cervical spine in April 2011. The patient's psychological evaluation notes exceedingly high Beck scales, and there is no indication that the patient has undergone psychometric testing with validity measures to assess the validity of the patient's subjective complaints. The patient is not currently being treated with antidepressant medication despite his self-report of severe depression. 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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES