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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sep/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

90806 Individual Psychotherapy 1xwk x6wks

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

MD, Board Certified Physical Medicine and Rehabilitation and Pain Management

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

ODG-TWC Treatment Guidelines

Utilization review determination dated 07/11/11, 08/02/11

Letter dated 08/30/11

Reconsideration request dated 07/27/11

Patient face sheet dated 07/06/11

Initial behavioral medicine consultation dated 06/30/11

Psychological evaluation dated 07/30/09

MRI brain, cervical spine, lumbar spine, left wrist dated 04/15/09

MRI lumbar spine dated 02/19/09

Office visit note dated 05/18/09, 02/19/09, 03/03/09, 03/11/09, 04/07/09, 04/14/09, 12/17/09, 01/08/10, 01/28/10, 02/25/10, 03/25/10, 05/06/10, 08/26/10, 09/16/10, 09/23/10, 11/24/10, 01/13/11, 03/04/11, 04/26/11, 04/29/09, 05/28/09, 06/15/09, 06/23/09, 07/27/09, 08/03/09, 08/25/09, 11/12/09

Neuropsychological evaluation dated 08/05/09

Functional capacity evaluation dated 05/07/10, 07/29/10, 09/14/10, 12/20/10, 07/30/09

Initial rehabilitation evaluation dated 06/16/10, 07/23/09

PPT dated 04/15/09, 12/09/09, 06/02/09, 10/05/09

CPMP progress note dated 11/24/09, 11/25/09, 12/01/09, 12/02/09, 12/04/09, 12/07/09, 12/08/09, 12/09/09, 12/10/09, 12/11/09, 12/15/09, 07/23/10, 07/19/10, 07/21/10, 07/26/10, 07/30/10, 07/27/10, 07/28/10, 08/06/10, 08/02/10, 08/03/10, 08/04/10, 08/10/10, 08/31/09, 09/3/09, 11/23/09, 09/24/09, 10/29/09

notes dated 04/27/09, 04/29/09, 05/04/09, 05/06/09, 05/13/09, 05/14/09, 05/19/09, 05/20/09, 05/21/09, 05/27/09, 05/28/09

Peer review dated 05/23/09

Handwritten note dated 04/09/09, 04/22/09, 12/14/09, 01/18/10, 01/19/10, 03/15/10, 04/05/10, 05/04/10, 06/22/10, 09/09/10, 10/05/10, 12/07/10, 12/21/10, 03/24/11, 06/23/11, 05/18/09, 06/15/09, 07/13/09, 08/10/09, 09/08/09, 09/15/09, 09/17/09, 09/21/09, 10/19/09, 11/16/09

intervention dated 07/07/11, 08/01/11

Consultation for impairment rating dated 10/07/10

Laboratory reports dated 02/19/09, 04/29/09
Radiographic report dated 02/19/09, 02/20/09, 02/21/09, 02/23/09, 03/03/09, 04/07/09
CT thorax dated 02/23/09, 02/22/09
CT pelvis, head, cervical spine dated 02/19/09
CT head, pelvis, abdomen dated 02/20/09
CT pelvis, abdomen, head dated 02/21/09
CT pelvis, abdomen dated 02/22/09
EMG/NCV dated 05/18/09
job offer dated 02/16/10, 08/14/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xxxx. On this date the patient was moving boxes when one slipped striking the patient's left-shoulder. This caused the patient to fall backwards striking the ground. Impression is closed head injury with contusion, she appears to be neurologically intact; multilevel transverse process fractures. CT of the head dated 02/19/09 revealed small hemorrhagic contusion right frontal cortex. Treatment to date includes chronic pain management program, work hardening program, physical therapy, medication management, home exercise program and individual psychotherapy. Neuropsychological evaluation dated 08/05/09 indicates that there is no evidence of malingering observed, but the patient did provide evidence of significant over reporting of psychological and somatic symptoms. While no significant cognitive dysfunction was observed, a pattern of significant psychological problems was identified. Consultation for impairment rating dated 10/07/10 indicates impression of traumatic brain injury, mild, resolved; cervical radiculopathy/cervical injury; multiple rib fractures, restrictive and obstructive pulmonary disease; and multiple lumbar transverse fractures with nerve root injuries. The patient was determined to have reached MMI as of 10/07/10 with 34% whole person impairment. Initial behavioral medicine consultation dated 06/30/11 indicates that current medications include Cymbalta, Lyrica and Cyclobenzaprine. The patient reports difficulty sleeping. BDI is 38 and BAI is 36. Diagnosis is pain disorder associated with both psychological factors and a general medical condition.

A request for individual psychotherapy was denied on 07/11/11. The peer reviewer noted that the patient has had significant treatment to date to include individual psychotherapy and a chronic pain management program with no improvement to date. There is nothing to suggest that further psychotherapy would benefit the patient given the treatment she has had to date. The denial was upheld on appeal dated 08/02/11 noting that the patient completed 6 visits of individual psychotherapy followed by a complete 160 hour chronic pain management program. Additional IPT to address vocational rehabilitation at this stage is not supported by ODG as she has not clearly demonstrated improvement with previous psychological intervention.

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 90806 Individual Psychotherapy 1xwk x6wks is not found by the reviewer to be medically necessary. The submitted records indicate that the patient has undergone previous psychological treatment in the form of individual psychotherapy as well as chronic pain management program and work hardening program without significant improvement. As stated by previous reviewer, there is nothing in the records to suggest that further individual psychotherapy would benefit this patient at this stage in her treatment given the extensive nature of psychological treatment to date without objective progress.

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)**