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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/12/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

6 individual psychotherapy visits over 8 weeks

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. Utilization review determination dated 08/04/11, 08/23/11
3. Psychological evaluation dated 07/22/11, 03/31/11
4. Reconsideration request dated 08/10/11
5. MRI left foot dated 04/05/11
6. Follow up note dated 04/28/11, 06/03/11, 06/13/11, 07/25/11, 06/27/11, 03/07/11, 05/23/11, 05/02/11, 04/25/11
7. Rx results report dated 05/25/11
8. Handwritten note dated 08/23/11, 08/09/11, 07/26/11, 07/12/11, 06/29/11, 06/21/11, 06/07/11, 05/24/11, 05/10/11, 04/26/11, 04/21/11, 04/11/11, 03/29/11, 03/23/11, 03/15/11
9. Physical performance baseline dated 03/23/11
10. Bone scintigraphy dated 07/27/11
11. Radiographic report dated 12/06/10, 12/07/10
12. CT lower extremity dated 12/17/10
13. MMI report dated 06/29/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xxxx. On this date the patient was walking when a lift backed over his left foot and ankle. Treatment to date is noted to include diagnostic testing, walking boot, TENS unit and 12 sessions of physical therapy. Physical performance baseline dated 03/23/11 indicates that current PDL is sedentary to light and

required PDL is heavy. Psychological evaluation dated 03/31/11 indicates that medications include Ibuprofen, Ultram, Cialis. The patient reports that he went to counseling in 2006 for high levels of stress which were triggered by financial problems. BDI is 49 and BAI is 32. Diagnosis is adjustment disorder with mixed anxiety and depressed mood. MMI report dated 06/29/11 indicates that the patient was determined not to have reached MMI. Diagnoses are listed as early RSD, foot fracture, myofascitis and abnormal gait. The patient was recommended to undergo a bone scan to see the extent of RSD. Psychological evaluation dated 07/22/11 indicates that medications include Hydrocodone, Tramadol, Naprosyn and Cymbalta. BDI is 49 and BAI is 41. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, chronic, secondary to the work injury; and major depressive disorder, single episode, severe, secondary to the work injury.

Initial request for individual psychotherapy was non-certified on 08/04/11 noting that the mental health evaluation finds impressions of pain disorder with both psychological factors and a general medical condition, chronic, secondary to the work injury. The latter specification renders this an unrecognized diagnosis. Such non-diagnoses prevent credibility from being established for any treatment plan. There is no documented evidence of a contribution of psychological factors to that diagnosis. The utilized psychometric instruments are inadequate/inappropriate to elucidate the pain problem, explicate psychological dysfunction or inform differential diagnosis in this case. The endorsement of the maximum possible score on FABQ testing is tantamount to invalidity. The denial was upheld on appeal dated 08/23/11 noting that the additional documentation provided in the appeals correspondence did not adequately address the deficiencies cited in the initial request.

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 6 individual psychotherapy visits over 8 weeks is not recommended as medically necessary, and the two previous denials are upheld. The patient endorsed the maximum possible score on FABQ and Beck scales are exceedingly high; however, there is no indication that the patient has undergone psychometric testing with validity measures to assess the validity of the patient's subjective complaints. There is no additional documentation submitted for review to address the multiple deficiencies cited in the original denial. 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 MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES