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Notice of Independent Review Decision

DATE OF REVIEW: 9-13-2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of individual psychotherapy 1 x 4 weeks.

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

The reviewer is a Licensed Professional Counselor. This reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the individual psychotherapy 1 x 4 weeks.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Treatment Center.

These records consist of the following:

Review Determination, 07/08/2011
Reconsideration: Request for Individual Therapy X 4, 07/12/2011
Reconsideration Review Determination, 07/19/2011

Initial Behavioral Medicine Consultation, 06/28/2011
History and Physical by M.D., 06/21/2011
Rehabilitation Progress Note by CPT, CPTT, 07/25/2011
Rehabilitation Progress Note by CPT, CPTT, 07/27/2011
Rehabilitation Progress Note by CPT, CPTT, 07/29/2011
Rehabilitation Progress Note by CPT, CPTT , 08/01/2011
Rehabilitation Progress Note by CPT, CPTT , 08/03/2011
Rehabilitation Progress Note by CPT, CPTT 08/05/2011
Rehabilitation Progress Note by DC, 08/10/2011
Rehabilitation Progress Note by DC, 08/11/2011
Rehabilitation Progress Note by DC, 08/12/2011
Rehabilitation Progress Note by DC, 08/16/2011
Rehabilitation Progress Note by DC, 08/17/2011
Rehabilitation Progress Note by DC, 08/19/2011

A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

Mr. is a male married for 20 years with three children. He reported having a work related injury to his right ankle and foot on xx/xx/xxxx. He was employed when a piece of rock weighing approximately 1,000 pounds fell and crushed his right foot and ankle. He stated that he had worked for the company 5 years prior to the injury. He has had a surgical repair on 3/10/10 followed by conservative care. He is currently in an ankle brace for ambulation and additional post-op physical therapy has recently been ordered. Following his injury, Mr. reported difficulty with acts of daily living including self-grooming, household chores, yard work, cooking, exercise/playing sports, driving 1 hour, standing 10 minutes, walking, bending, squatting, lifting/carrying items over 10 pounds, climbing stairs and sexual activity. He described his social and family interactions being less frequent. He also describes changes in self-perception, such as loss of confidence, and feeling a lack of control in his life. He endorsed both initial and sleep maintenance insomnia due to pain. He reported a decrease in appetite and 25 pound weight loss due to loss of function. He continues to have significant amount pain and tenderness, and hypersensitivity to his right foot when examined. The results of the Beck Depression Inventory-II (BDI-II) of 39 and the Beck Anxiety Inventory (BAI) of 32 administered on 06/28/2011 indicate severe levels of depression and anxiety.

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

The requested individual psychotherapy sessions are medically necessary based on the information provided. Based on Mr. BDI and BAI scores indicating severe depression and anxiety, he would benefit from psychotherapy with the goals as described in the Initial Behavioral Medicine Consultation by MS, LPC-S, CRC. Such services are support by §408.021 of the Texas Labor Code, on Entitlement to Medical Benefits, which states that: "An employee who sustains a compensable injury is entitled to all health care reasonably required

by the nature of the injury as and when needed. The employee is specifically entitled to health care that:

- i. Cures or relieves the effects naturally resulting from the compensable injury; or
- ii. Promotes recovery; or
- iii. Enhances the ability of the employee to return to work or retain employment.

References

American Psychological Association. (1985). Standards for educational and psychological testing (rev.). Washington, DC: Author.

Frank, R. G. & Elliott, T. R., Eds. (2000). Handbook of Rehabilitation Psychology.

Washington, DC: American Psychological Association.

Return to Work Guidelines (Official Disability Guidelines)

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

- ACOEM- AMERICAN 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)**