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IRO certificate #

Notice of Independent Review Decision

DATE OF REVIEW: 4/05/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Psychological Counseling - 4 sessions; (ICD-9/DSMV – E925.9, 847.2 CPT - 90806)

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

Board certified in Anesthesiology/Pain Management

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)
X Overturned (Disagree)
Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination & Reconsideration Letter, 2/08/12, 3/13/12,
Clinical Notes, Initial Behavioral Medicine Consult., MD, 1-16-12
ODG

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a male who sustained an electrical shock while on a ladder in xx/xx. After the shock he fell some distance. There is persistent back and multiple site pain. Diagnostic imaging is not specific. Five of twelve physical therapy sessions have been accomplished (per Reconsideration Determination Letter of 3/13/12). Psychological evaluation on 1/30/12 shows moderate depression and severe anxiety.

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

I disagree with the company's decision. ODG for psychotherapy recommends behavioral interventions which include identification of reinforcement of coping skills. This is often

more useful in the treatment of pain than ongoing medication, or short term therapy, which could lead to psychological or physical dependence.

Cognitive behavioral therapy recommendations are as follows: screening for patients with risk factors for delayed recovery, including fear avoidance belief, and separate psychotherapy if there is lack of progress from physical therapy alone. Three to four sessions are recommended.

This individual has a significant anxiety, fear avoidance, and interruption of his functional ability on a psychological evaluation. Even though it is early in the injury, all intervention should be offered that may result in his return to functionality. Injuries, such as this, are not unusual in that the type of injury he sustained would result in significant psychological sequelae. Early multidisciplinary intervention is the best approach to have a good outcome and have this individual return to work. ODG are met for the requested psychotherapy.

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)**