

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/10/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Indiv Psychotherapy 1x4

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

M.D., Board Certified Psychiatry

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

Official Disability Guidelines

Cover sheet and working documents

Utilization review determination dated 03/20/12, 02/29/12

Patient face sheet

Individual psychotherapy treatment reassessment summary dated 02/24/12

Follow up note dated 02/17/12

Rehabilitation progress note dated 12/22/11, 12/12/11

Initial behavioral medicine consultation dated 01/02/12

Initial evaluation dated 11/28/11

Patient activity flow sheet December 2011

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. On this date the patient was cleaning the Jacuzzi and as she tried to get out of it, she slipped. Initial behavioral medicine consultation dated 01/02/12 indicates that treatment to date includes chiropractic care, medication management, x-rays, MRI of the right shoulder, and physical therapy. Medications are listed as Tramadol, Vicodin and Naproxen. BDI is 39 and BAI is 30. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, acute; and major depressive disorder, single episode, severe without psychotic features. Individual psychotherapy treatment reassessment summary dated 02/24/12 indicates that the patient has completed 4 of 4 individual psychotherapy sessions. Medications include Mobic, Paxil and Vicodin. Pain level decreased from 9 to 8/10. Irritability increased from 7 to 8/10; frustration from 7 to 9/10; anxiety from 8 to 9/10 and depression from 9 to 10/10. Muscle tension decreased from 9 to 6/10. BAI increased to 33 and BDI to 46.

Initial request for individual psychotherapy 1 x 4 was non-certified on 02/29/12 noting that the patient's BDI and BAI scores both increased. Guidelines indicate with evidence of objective, functional improvement, this supports the continued use of cognitive therapy for depression.

The documentation submitted for review indicated the patient did report an increase in sleep from 4 hours a night to 6. However, documentation submitted for review did not indicate significant objective, functional improvements for the patient. The denial was upheld on appeal dated 03/20/12 noting that the patient has completed 4 sessions of individual psychotherapy to date without significant improvement. Current evidence based guidelines support a total of up to 13-20 visits of individual psychotherapy with evidence of objective, functional improvement. The submitted records report that BDI increased from 39 to 46 and BAI from 30 to 33. Subjective reports of irritability, frustration, anxiety and depression have increased.

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

The patient has completed 4 sessions of individual psychotherapy to date. Individual psychotherapy treatment reassessment summary dated 02/24/12 indicates that BDI increased from 39 to 46 and BAI from 30 to 33. Irritability increased from 7 to 8/10; frustration from 7 to 9/10; anxiety from 8 to 9/10 and depression from 9 to 10/10. The Official Disability Guidelines support a total of up to 13-20 visits of individual psychotherapy with evidence of objective, functional improvement. Given the lack of documentation of objective, functional improvement secondary to individual psychotherapy completed to date, the reviewer finds the requested Indiv Psychotherapy 1x4 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 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)