

Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/12/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy 1 x 4 weeks

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

M.D., Board Certified Psychiatrist

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

03/13/12, 03/21/12

Health and behavioral reassessment dated 02/08/12

Reconsideration request dated 03/14/12

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. He was installing a frame and sustained a cut to his wrist on some metal. Health and behavioral reassessment dated 02/08/12 indicates that treatment to date includes surgical intervention to his wrist 2 weeks after the incident and 20 days of a work hardening program. The patient reports that upon completion of the work hardening program, he went on to have another surgery in May 2011. He states that he did not receive any physical therapy following the surgeries. The patient is not currently taking any medications. BDI is 0 and BAI is 10. FABQ-W is 35 and FABQ-PA is 12.

Initial request for individual psychotherapy 1 x 4 weeks was non-certified on 03/13/12 noting that the mental health evaluation of 02/08/12 finds impression of pain disorder; however, the utilized psychometric instruments are inadequate/inappropriate to elucidate the pain problem, explicate psychological dysfunction or inform differential diagnosis in this case, and there is no substantive behavior analysis to provide relevant clinical/diagnostic information. The patient's history and clinical presentation is clearly consistent with inference of a chronic benign pain syndrome, as this commonly understood, which the provider affirms. Current evidence based guidelines note that with respect to somatoform, mood or anxiety disorders [such as the above diagnosis]...there is no known effective psychotherapeutic treatment for such disorders, per se, when the etiology of symptoms involves a chronic benign pain syndrome. Reconsideration dated 03/14/12 states that the patient has developed

psychosocial sequelae that are limiting his function or recovery after the initial incident, including anxiety, fear-avoidance and depression. The denial was upheld on appeal dated 03/21/12 noting that the patient has recently completed a work hardening program and psychological interventions were provided as a component of the work hardening program. The patient continues to report pain, psychological symptoms and has not returned to work. The current evaluation does not assess the patient's inability to benefit from the work hardening program. ACOEM guidelines state that psychological interventions should discontinue if there is noncompliance, failure to obtain functional or behavioral improvement or resolution of problems. No functional or behavioral improvements have been reported.

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

The patient has previously undergone a work hardening program, which contains a psychological component. There are no work hardening progress notes submitted for review to establish the patient's objective, functional response to the program. The submitted behavioral assessment dated 02/08/12 documents minimal depression and only mild anxiety. The patient is not currently taking any psychotropic medications. The Official Disability Guidelines note that the gold standard of treatment is a combination of individual psychotherapy and medication management. Given the current clinical data, it is the opinion of the reviewer that the requested Individual Psychotherapy 1 x 4 weeks 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)