

SENT VIA EMAIL OR FAX ON
Apr/13/2012

Pure Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/13/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual psychotherapy 1 X 6

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

OD Guidelines
Cover sheet and working documents
Utilization review determination dated 03/08/12, 03/26/12
Initial behavioral medicine consultation dated 02/15/12
Reconsideration request dated 03/21/12

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was turning a switch off when it blew up in his hand. He said it was 480 volts of electric current that went through his body. Initial behavioral medicine consultation dated 02/15/12 indicates that the patient indicates he has had dizziness/balance problems, seizures/blackouts, visual problems and hearing loss. The patient reports that he completed 11 of 16 physical therapy visits. Current medications are Lovaza, Verapamil, Trilipix, Tramadol, Gabapentin, Citalopram, Nexium and Centrum. The patient reports that he received treatment for depression in 2005 in the form of medication and 12 individual psychotherapy sessions. BDI is 24 and BAI is 20.

FABQ-W is 41 and FABQ-PA is 22. Diagnoses are pain disorder associated with both psychological factors and a general medical condition; major depressive disorder, recurrent, moderate; and anxiety disorder nos, rule out PTSD, rule out cognitive disorder nos.

Initial request for individual psychotherapy 1 x 6 was non-certified on 03/08/12 noting that numerous neurological/neuropsychological symptoms and cognitive deficits are reported, but not assessed. The initial evaluation reported numerous cognitive deficits including dizziness/balance problems, seizures/blackouts, visual problems and hearing loss. The initial evaluation does not attempt to further assess the patient's cognitive deficits and no neuropsychological testing was administered. However, the initial evaluation recommends 'rule out cognitive disorder'. Without the results of further neuropsychological assessment it cannot be determined if impairments have resulted from brain impairment and what relationship these have with the pain complaint (cognitive deficits so promulgated often exacerbate pain complaint and behavior), and what functional deficits are related to this. ODG states that 'neuropsychological testing is one of the cornerstones of concussion evaluation and contributes significantly to both understanding of the injury and management of the individual'. The denial was upheld on appeal dated 03/26/12 noting that the utilized psychometric measures are inadequate/inappropriate to elucidate the problem, explicate psychological dysfunction or inform differential diagnosis in this case. There is no substantive behavior analysis to provide relevant clinical/diagnostic information. There is no clinical indication to support the provisional PTSD impression; and a score on a checklist is insufficient. There was no cognitive screening per the r/o cognitive disorder impression, and a recommendation for a neuropsychological evaluation has not been completed. This, despite ongoing complaints of dizziness/balance problems, seizures/blackouts, visual problems and hearing loss. Electrocution injuries are often associated with cognitive impairments, especially in the context of these types of symptoms.

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 individual psychotherapy 1 x 6 is not recommended as medically necessary, and the two previous denials are upheld. The submitted behavioral medicine consultation documents that the patient has experienced dizziness/balance problems, seizures/blackouts, visual problems and hearing loss, and there is impression of rule out cognitive disorder. However, this patient has not undergone neuropsychological evaluation and testing to address these complaints and establish a working diagnosis. As stated by the previous reviewer, electrocution injuries are often associated with cognitive impairments, especially in the context of these types of symptoms. There are no psychometric testing results provided to support a diagnosis of posttraumatic stress disorder. 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES