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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/11/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Addtl Individual Psychotherapy 1xwk x6wks

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

ODG-TWC

02/22/12, 03/12/12, 12/29/11

Handwritten patient notes dated 12/14/11, 11/09/11, 06/01/11, 06/21/11, 07/07/11, 07/14/11, 07/15/11, 07/19/11, 07/22/11, 07/25/11, 08/16/11, 09/13/11, 10/10/11, 10/11/11, 10/21/11, 10/24/11, 10/31/11, 11/07/11, 11/09/11, 11/14/11, 12/21/11, 12/28/11, 01/04/12, 01/11/12, 01/17/12, 01/18/12, 01/25/12, 02/14/12, 03/13/12

Maximum medical improvement determination dated 07/21/11, 11/10/11

Letter of medical necessity and follow up dated 11/14/11, 01/16/12

Independent review organization summary dated 03/28/12

Response to denial letter dated 03/03/12

Treatment progress report dated 02/07/12, 12/05/11

Office visit note dated 01/12/12, 12/16/11

Associate statement dated 05/16/11

job offer dated 05/16/11, 06/16/11

Progress note dated 05/16/11, 05/18/11, 05/25/11, 06/09/11, 06/15/11, 06/24/11, 07/01/11, 07/15/11, 07/18/11, 08/01/11, 08/15/11, 08/18/11, 08/29/11, 09/12/11, 09/26/11, 10/10/11, 10/24/11, 11/07/11, 11/21/11, 12/05/11, 12/14/11, 12/16/11, 01/03/12, 01/17/12, 01/30/12, 02/13/12, 02/27/12

Initial diagnostic screening dated 09/09/11

Electrodiagnostic results dated 08/05/11

MRI lumbar spine dated 06/29/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female injured on xx/xx/xx. She was pulling clothing racks and putting them into the pallet jacks when she felt pain in her lower back with a burning sensation and numbness in her left leg. She was diagnosed with a lumbar sprain. MMI/IR evaluation dated

07/21/11 indicates that the patient is not at clinical MMI for her low back pain and left leg pain. She was recommended to proceed with conservative care to try and prevent surgery and was recommended for counseling to help her deal with her depression and frustration. Initial diagnostic screening dated 09/09/11 indicates that medications include ibuprofen and Hydrocodone. BDI is 11 and BAI is 24. Diagnosis is adjustment disorder with mixed anxiety and depressed mood. MMI/IR evaluation dated 11/10/11 indicates that the patient is not at clinical MMI for her low back pain and left leg pain. Expected MMI date is 03/10/12. Treatment progress report dated 2/05/11 indicates that the patient has completed 6 sessions of individual psychotherapy. Medications remain ibuprofen and Hydrocodone. BDI increased to 12 and BAI decreased to 19. Treatment progress report dated 02/07/12 indicates that the patient has completed a total of 12 sessions of individual psychotherapy. Medications are ibuprofen and Norco. BDI is 8 and BAI is 22.

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

The patient did show some improvement in the initial 6 sessions of individual psychotherapy; however, the patient showed little progress in the most recent 6 sessions of individual psychotherapy. The patient's BDI is now in the normal range, and the patient's BAI actually increased from 19 to 22. Although the patient has completed 12 sessions of individual psychotherapy to date, there is no indication that the patient has undergone a psychotropic medication evaluation, and the patient's medications are listed as ibuprofen and Norco. Given the lack of significant progress in individual psychotherapy completed to date, the reviewer finds the request for Addtl Individual Psychotherapy 1xwk x6wks 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)