

# I-Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Aug/07/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Psychiatric Diagnostic Interview & Testing

**A 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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** The reviewer finds medical necessity is not established for Psychiatric Diagnostic Interview & Testing.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 07/17/12, 06/29/12

Reconsideration request dated 07/09/12

Individual psychotherapy treatment reassessment summary dated 05/01/12

Initial behavioral medicine consultation dated 03/04/11

Initial mental health status evaluation dated 11/02/10

Individual psychotherapy note dated 02/21/12

Behavioral health preauthorization request dated 06/26/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female whose date of injury is xx/xx/xx. She fell through the ceiling as she was cleaning some air ducts with other co-workers. Initial mental health status evaluation dated 11/02/10 indicates that diagnoses are pain disorder associated with both psychological factors and a general medical condition, chronic; and major depressive episode, single episode, moderate without psychotic features. Initial behavioral medicine consultation dated 03/04/11 indicates that treatment to date includes MRI of the head, stitches to close the lacerations, physical therapy, lumbar MRI. Diagnoses are pain disorder associated with both psychological factors and a general medical condition; and major depressive disorder, single episode, moderate without psychotic features. Individual psychotherapy note dated 02/21/12 indicates that the patient has completed 4 of 4 sessions of individual psychotherapy. The patient is noted to be status post right knee surgery on 01/17/12. Current medications are cyclobenzaprine, Celexa, Ibuprofen and Hydrocodone-APAP. The patient rates her pain as 7/10. Current BAI is 12 and BDI is 19. Individual psychotherapy note dated 05/01/12 indicates that the patient has completed a total of 10 sessions of individual psychotherapy. On the 10th session the clinician felt that her mood had stabilized and she was taking her antidepressants. She did not request additional sessions at that time. Current BDI is 23 and

BAI is 15. The patient was recommended for psychiatric diagnostic interview and testing for the purpose of establishing a mental health impairment rating.

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

The patient has undergone multiple previous mental health evaluations. The patient has completed 10 sessions of individual psychotherapy. The submitted records indicate that on the 10th session, the clinician felt that the patient's mood had stabilized. The patient's Beck scales fall in the mild range with BDI at 23 and BAI 15. The reviewer finds medical necessity is not established for Psychiatric Diagnostic Interview & Testing.

**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)