

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Nov/30/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

4 sessions of Individual Psychotherapy

A 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Cover sheet and working documents
Patient face sheet
Initial behavioral medicine consultation dated 08/16/12
Billing statements
Peer review report dated 08/17/12
Individual psychotherapy notes dated 09/24/12, 10/01/12 and 10/23/12
Behavioral health treatment preauthorization request dated 10/25/12
Utilization review determination dated 10/31/12
Reconsideration behavioral health treatment preauthorization request dated 11/09/12
Utilization review determination dated 11/14/12
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. On this date the patient was moving an object away from the wall when she heard a loud pop and felt pain in her lower left back and left hip. Initial behavioral medicine consultation dated 08/16/12 indicates that treatment to date includes x-rays, physical therapy x 10, lumbar MRI, CT scan and one epidural steroid injection. Current medications are listed as Bupropion, Nitrofurantoin monohyd macro, Percocet, Meclizine, Cyclobenzaprine, Lidoderm patch, Meloxicam, Phentermine, Meclizine, Oxycodone-acetaminophen and Diazepam. The patient reports difficulty sleeping. BDI is 25 and BAI is 14. FABQ-W is 42 and FABQ-PA is 24. Diagnosis is pain disorder associated

with both psychological factors and a general medical condition, chronic; nicotine dependence; and major depressive disorder, recurrent, moderate. Peer review dated 08/17/12 indicates that the extent of the 04/04/11 work event in this 49 year old morbidly obese female was a left hip and low back sprain/strain. Individual psychotherapy note dated 10/23/12 indicates that the patient has completed 4 sessions of individual psychotherapy. Pain level remains 8/10, irritability remained 7/10, frustration decreased from 8 to 6/10, muscle tension 9 to 8/10, anxiety 8 to 6/10. BAI increased from 40 to 41 and BDI from 25 to 27.

Initial request for 4 sessions of individual psychotherapy was non-certified on 10/30/12 noting that there is no indication that the patient has improved significantly with treatment completed to date. Beck scales have actually increased with the previous sessions of individual psychotherapy. Reconsideration dated 11/09/12 indicates that the patient's Becks stayed in the same range and only slightly increased. The patient has made gains in smoking cessation and weight loss, the reason referred her for counseling. The denial was upheld on appeal dated 11/13/12 noting that the documentation submitted for review notes the patient to have not had any significant gains with the past sessions submitted. The patient's BAI and BDI-II have both increased and the patient is not taking her antidepressants consistently. Official Disability Guidelines note with evidence of objective functional improvement the patient may continue treatment; however, as this patient has made no objective functional improvement.

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

Based on the clinical information provided, the request for 4 sessions of individual psychotherapy is not recommended as medically necessary, and the two previous denials are upheld. The patient has completed 4 sessions of individual psychotherapy to date. The Official Disability Guidelines support ongoing individual psychotherapy with evidence of objective functional improvement. The submitted records fail to establish that the patient made significant gains with individual psychotherapy completed to date. The patient's Beck scales increased and subjective pain report remained 8/10. Given the lack of documentation improvement with individual psychotherapy completed to date, the request for 4 additional sessions is not considered medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES