

SENT VIA EMAIL OR FAX ON  
Feb/09/2012

## True Decisions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Feb/08/2012

**IRO CASE #:**

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

Individual psychotherapy 1 X 4

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

Certified by the American Board of Psychiatry and Neurology with additional qualifications in Child and Adolescent 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

Insurance denial letter 12/14/2011 PhD

Insurance denial letter 1/6/2012 PhD

IRO documentation

Preauthorization request 11/28/11

IPT Re-assessment summary 10/10/11

Request for reconsideration 1/2/12

Request for IRO 1/26/12

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male who was injured when he fell while at work on xx/xx/xx. He suffered a work related back, neck and head injury. He has been treated with conservative care, medication, injections, surgery and IPT. His psychological diagnoses are: Pain Disorder

associated with both psychological factors and a general medical condition, acute; MDD, single episode, severe without psychotic features; R/O Mood disorder due to head trauma and Cognitive D/O NOS. He had an MRI on 09/02/2011 (results not in record reviewed) and a left transforaminal epidural epidurogram steroid injection in L4-5 which was not helpful. He attempted physical therapy, but the pain was too great to continue. He completed 6/6 sessions of IPT. The therapist reported subjective benefit. However, objectively, his pain level increased 25%, irritability increased 11%, BAI score increased 36%, sleep problems increased 25%, and frustration, muscle tension, anxiety and forgetfulness remained the same.

A request was made for 4 additional sessions of IPT and 4 sessions of biofeedback. The rationale given was to reduce his reactions to pain, improve sleep and decrease anxiety.

Two reviewers denied the request. The rationale given was that there was no objective functional improvement as noted by ODG. The reviewer also felt this was not an appropriately identified patient for continued IPT and biofeedback.

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

The reviewers are correct in their decision. The requesting provider has not demonstrated that there was any functional improvement in the patient's condition after attending 6 scheduled sessions of IPT. Although there was some subjective improvement noted by the provider, ODG does require evidence of functional improvement in order to authorize additional sessions, and this is lacking from the record.

**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)