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Notice of Independent Review Decision

**DATE OF REVIEW:** December 28, 2011

**IRO CASE #:**

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

Individual Psychotherapy six (6) sessions over six (8) weeks. CPT Code: 90806.

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

General and Forensic Psychiatrist  
Board Certified by the American Board of Psychiatry and Neurology

**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**

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- 12/13/11
- 04/30/10
- Employer's First Report of Injury or Illness, xx/xx/xx
- Office Note, xx/xx/xx
- 05/04/09, 05/11/09, 05/19/09, 06/01/09, 06/09/09, 07/28/09, 08/04/09, 09/15/09, 10/15/09, 02/05/10, 03/05/10, 04/05/10, 05/03/10
- Bona Fide Job Offer, 05/05/09, 04/06/10
- 05/05/09, 07/29/09, 10/27/09
- Texas Workers' Compensation Work Status Report, 05/11/09, 05/19/09, 06/01/09, 06/09/09, 07/01/09, 07/28/09, 08/04/09, 09/15/09, 10/15/09, 10/30/09, 11/30/09, 01/25/10, 02/05/10, 03/05/10, 04/05/10, 05/03/10, 08/21/10, 08/15/11, 09/19/11, 11/10/11
- MRI, 05/26/09
- 09/30/09

- 10/27/09, 11/30/09, 08/27/10, 10/04/10, 02/14/11
- DWC-69, Report of Medical Evaluation, 05/14/10
- 05/14/10
- 08/15/11, 09/19/11
- Behavioral Health Associates, Inc., 10/04/11, 11/02/11
- 11/02/11, 11/30/11
- 11/10/11
- 12/08/11
- Request for a Review by an Independent Review Organization, 12/08/11

Medical records from the Provider include:

- 08/15/11
- 10/04/11, 11/02/11
- 11/10/11
- 12/09/11

### **PATIENT CLINICAL HISTORY:**

The decision is overturned.

This is a male who has a number of significant health problems. The patient twisted his knee on xx/xx/xx, and ultimately, the patient had surgery on his knee. The patient did not make full recovery. The patient was offered another part-time position and did not feel he was able to do it and resigned from his job.

The patient presented with persistent pain complaints and as part of this, the patient was referred for evaluation of mood disturbances, anxiety, sleep problems, vocational concerns, psychosocial stressors, and physical limitations to. The patient had an initial diagnostic screen conducted on October 4, 2011, which demonstrated moderate depression and severe anxiety complaints, as well as it demonstrated a substantial somatic focus with fear avoidance. The diagnostic impression included adjustment disorder, with mixed anxiety and depressed mood, and occupational problem. There were six sessions of individual psychotherapy requested. The treatment goals focused primarily on reducing depression, anxiety, and improving sleep, as well as reducing fear avoidance. This was not authorized.

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

The decision is not based on relatedness to the injury but rather on the focus of treatment, which in this case appears to be upon the adjustment disorder and addressing the anxiety and depression rather than a focus on the chronic pain condition.

Therefore, the appropriate section of the ODG would be the Mental Health section which supports cognitive behavioral therapy for general stress, as well as for depression, with an initial trial of six visits over eight weeks.

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

- ACOEM- AMERICAN 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)