

I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy 1x6 weeks

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

M.D., Board Certified Family Practice

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

Utilization review determination 10/20/11

Reconsideration / appeal of adverse determination 11/18/11

Behavioral health individual psychotherapy preauthorization request 10/17/11

Reconsideration behavioral health individual psychotherapy preauthorization request 11/07/11

Initial behavioral medicine consultation 10/05/11

Patient face sheet 10/17/11

Office notes Dr. 06/08/11-08/01/11

MRI right knee 04/14/11

MRI cervical spine 04/14/11

EMG/NCV study 04/22/11

Procedure note lumbar medial branch blocks right L4-5 L5-S1 06/27/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male who was injured on xx/xx/xx when he fell from his trailer onto a catwalk between his trailer and tractor. He injured his back and knee. He has been treated with many sessions of therapy, medications, and steroid injection into the knee. The patient complained of mostly right-sided back pain. MRI of lumbar spine was noted to reveal straightening of the normal lordotic curve. There was mild disc desiccation at L1-2 with loss of disc height and facet hypertrophic changes. There were moderate facet hypertrophic changes at L3-4 with mild central spinal stenosis. There were facet hypertrophic changes at L4-5 and L5-S1. EMG/NCV performed on 04/22/11 revealed evidence of right L5-S1 radiculitis. Medial branch blocks performed on 06/27/11 reported fairly good relief of about 60-70% improvement for about one day then the pain returned to baseline. He had epidural steroid injections with temporary relief. He also had knee surgery. A behavioral consultation was performed on

10/05/11. Medications were listed as Flexeril, Naprosyn, and Dilantin. BDI was 36 indicating severe depression, and BAI was 28 reflecting moderate anxiety. Individual psychotherapy for minimum of 6 weeks has been recommended.

In a denial letter dated 10/20/11 it is noted the claimant had history of head, neck, low back and right knee complaints following a fall injury. Treatment has included conservative treatment, lumbar epidural steroid injections and surgical treatment of the knee in 07/11. A head injury was also reportedly sustained in the fall with symptoms as ascribed by the provider to "head trauma" of seizures / blackouts, headache, angry outbursts, memory problems or confusion, hearing loss and dizziness / balance problems. There is a post injury history of self-reported seizures. The claimant is on Dilantin. He apparently has not seen a neurologist as recommended by his physician.

History is also positive for HTN and in 2003-2004 for depression, details unknown. Current medications are Flexeril, Naprosyn and Dilantin (dosages and utilization not reported). Mental health evaluation on 10/05/11 found impressions of pain disorder, major depressive disorder, and rule out cognitive disorder NOS. However, the utilized psychometric instruments are inadequate / inappropriate to elucidate the pain problem, explicate psychological dysfunction, or inform differential diagnosis in this case; and there is no substantive behavioral analysis to provide relevant clinical / diagnostic information. In addition there was no effort to conduct cognitive screening on this post head injured patient; nor is there documentation of disposition or referral to a neurologist and / or neuropsychologist. Appropriate treatment cannot be based on inadequate evaluation. A reconsideration / appeal request was reviewed on 11/18/11 and adverse determination was rendered. Per office note dated 10/05/11 the claimant had climbed on top of an 18 wheeler, slipped and fell causing injury to right side of body and head. He subsequently had seizures, outbursts of anger, memory problems, confusion, dizziness, and frequent severe headaches. BDI and BAI indicate moderate anxiety and severe depression, significant fear avoidance of work and of physical activity in general. Diagnoses are pain disorder associated with psychological and medical condition, severe recurrent major depressive disorder. It was noted that the assessment and potential treatment for head injury has not been adequately addressed from standpoint characterizing injury severity and physical, cognitive behavioral sequelae. It was noted the claimant's cognitive status may interfere with his ability to benefit from techniques that are usually employed in cognitive behavioral therapy because of cognitive changes associated with the head injury.

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

This man sustained multiple injuries secondary to fall. He was treated with knee surgery. He has also participated in physical therapy, medication management, epidural steroid injections and facet / medial branch blocks of lumbar spine without significant improvement. Initial behavioral medicine consultation reported findings of severe depression and moderate anxiety as well as significant fear avoidance of work and physical activity in general. As noted on previous review, the extent of the claimant's head injury and potential treatment has not been adequately addressed from stand-point of characterizing severity of injury and physical, cognitive, and behavioral sequelae. The claimant has not undergone evaluation by neurologist. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld. The reviewer finds there is not a medical necessity at this time for Individual Psychotherapy 1x6 weeks.

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)