Wren Systems

An Independent Review Organization
3112 Windsor Road #A Suite 376
Austin, TX 78703
Phone: (512) 553-0533
Fax: (207) 470-1064
Email: manager@wrensystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/02/2012
IRO CASE #:
DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Weekly Counseling x 26 Visits

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Psychiatrist

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] 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 <u>each</u> health care service in dispute.
The reviewer finds that medical necessity does not exist for Weekly Counseling x 26 Visits.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
03/16/11 – Clinical Note –DO
03/22/11 – MRI Brain
01/04/12 – Treatment Plan
02/12/12 – Progress Update
03/11/12 – Progress Update
04/02/12 – Current Medication Profile
04/08/12 – Progress Update
04/27/12 – Utilization Review Determination
05/16/12 – Clinical Note – Unspecified Provider
05/18/12 – Mental Health Services Request
05/23/12 – Individual Psychotherapy Note
05/29/12 – Utilization Review Determination
05/30/12 – Individual Psychotherapy Note
06/11/12 – Correspondence –

PATIENT CLINICAL HISTORY [SUMMARY]
The claimant is a male who sustained a traumatic brain injury on xx/xx/xx when a steel hose hit him in the head. MRI of the brain performed 03/22/11 was unremarkable. A progress note dated 01/04/12 stated the claimant was referred for a comprehensive neurocognitive evaluation to assist with treatment planning. A progress note dated 02/12/12 stated the claimant completed immediate recall memory activities with 73% accuracy. The claimant was able to improve speech fluency. The patient failed the hearing screen and was recommended for completed audiology evaluation. The claimant declined participation in the group community outing secondary to anxiety. The claimant participated in one individual outing to a local store and demonstrated minimal outward signs of anxiety, but reported feeling maximum anxiety. The claimant participated in two individual psychotherapy sessions to learn ways of reducing anxiety. A progress note dated 03/11/12 stated the claimant participated in a community outing but wore earplugs during the entire outing and reported

high levels of anxiety. The claimant participated in an outing to the grocery store and demonstrated no overt anxiety. A progress note dated 04/08/12 stated the claimant had improved significantly in the area of coping, anxiety, and distraction tolerance, but these areas continued to negatively impact his life. The claimant continued to experience significant anxiety while receiving any feedback to the detriment of his attention and memory of the conversation.
A request for weekly counseling x 26 visits was denied by utilization review on 04/27/12 due to no current psychological, cognitive, or neuropsychological evaluation. The claimant's current medical status was unknown and there was no assessment for individual counseling. The claimant was seen for psychological evaluation on 05/16/12. The claimant reported feeling anxious about leaving his therapist for a new one in his hometown. The claimant demonstrated normal attention, concentration, and memory. The claimant's speech flow was blocked. The claimant's thought process was appropriate. There was no evidence of hallucination or delusion. The patient denied suicidal ideation. The claimant was recommended for weekly individual therapy using cognitive behavior therapy. The claimant was seen for individual psychotherapy on 05/23/12. The note states the claimant felt overwhelmed by entrance into society. The claimant reported feeling worried with finding a job and stressed by demands placed on him by his wife. The claimant was recommended for marriage counseling. The request for weekly counseling x 26 visits was denied by utilization review on 05/29/12 due to lack of neuropsychological evaluation. The claimant was seen for individual psychotherapy on 05/30/12. The note states the patient suffered from a couple of recent panic attacks. The note states the claimant was able to remember his relaxation skills, but the situation ended up being too much for him. Mental exercises were discussed to help alleviate some emotional and physical symptoms, as well as provide a more realistic assessment of the situation.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:
This claimant sustained a traumatic brain injury and was provided neurocognitive rehabilitation. Although the claimant has reported recent anxiety symptoms, there has been no recent formal psychological evaluation demonstrating objective findings of depression or anxiety that would reasonably support continued individual psychotherapy for 26 additional sessions. Without a recent psychological evaluation establishing the claimant current diagnoses and outlining the expected benefits and goals for continuing individual psychotherapy, medical necessity cannot be established. The evidence-based guidelines have not been followed. Therefore, and in accordance with the ODG, the reviewr finds that medical necessity does not exist for Weekly Counseling x 26 Visits.

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
[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
[ ] MILLIMAN CARE GUIDELINES
[X] 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)