

SENT VIA EMAIL OR FAX ON
Feb/22/2012

True Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/22/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy 1 X wk X 4 wks

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

Licensed by the Texas State Board of Medical Examiners

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

Utilization review determination 1/9/2012 Dr.

Utilization review determination 1/30/2012 Dr.

Request for reconsideration 1/19/2012

Request for initial authorization 1/4/2012

Re-assessment summary 8/17/11

Psychological Testing 6/17/11

Initial Behavioral Evaluation 5/4/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male who sustained a work-related injury to his head, neck, ribs, low back, right shoulder, left hip and left leg on xx/xx/xx while performing his duties as a . He was involved in a roll-over accident while driving his 18-wheeler and received multiple fractures and was unconscious in the hospital for 10-11 days. Approximately one to two weeks after discharge from the hospital he made suicidal threats of shooting himself with a rifle. He was treated with psychotherapy and medication. During his initial behavioral health evaluation on 06/17/2011, he was diagnosed with Pain disorder associated with both psychological factors and a general medical condition, chronic; cognitive disorder NOS and mood disorder due to head injury, with depressive features. He has completed a total of 16 sessions of IPT. After 12/16/2011, his BDI has decreased from 35 at baseline to 32; his BAI has decreased from 25 to 24; there is no change in his ratings of pain, irritability, frustration, muscle tension, average hours slept or forgetfulness. However, his ratings of anxiety and depression have actually increased. The insurance company has denied the request for an additional 4 sessions of IPT as not being medically necessary as the request does not conform to ODG.

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

The reviewer is correct in denying the request for 4 additional sessions of IPT. ODG states that in cases of head injury, with evidence of objective functional improvement, an approval can be made for 13-20 visits. This patient has already completed 16 visits and there is no objective evidence of improvement documented. Therefore, additional sessions cannot be approved according to ODG.

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)