

# I-Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Feb/27/2012

**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 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**

Official Disability Guidelines  
1/5/12, 1/30/12  
12/2/11 to 1/23/12

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a Female who was injured at work on xx/xx/xx while performing her customary duties. She states she was leaning forward when she heard a pop in her back. She eventually had an MRI (results unknown) and received a steroid injection and 12 sessions of PT. Present medications are: Tramadol, Naproxen, Cyclobenzaprine, Amitriptyline and Lidoderm patch. She was seen by behavioral medicine on 01/02/2012. She still complains of pain at a level of 10/10 in her low back. She also relates maximum interference from the pain with her ADL's. She feels she is only functioning at 10% of her pre-morbid level. She endorses insomnia and an increase in appetite with a 30# weight gain. She feels very depressed and relates coping by eating, sleeping and crying. Her affect was constricted and tearful. She scored in the range of severe depression and anxiety on the BDI and BAI and high on the FAQ. Her diagnoses are Pain Disorder and MDD. A request has been made for 6 sessions of IP. This request was denied initially and upheld upon appeal. The rationale for the second denial was that she is not an appropriately identified patient because the continued medical treatment of the injury was unknown.

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

This patient meets DSM-IV criteria for Major Depressive Disorder. ODG does encourage treatment of depression especially when it might be a factor in delayed recovery. The patient's depression is far in excess of what would be expected as a natural consequence of her injury. It is reasonable that this mood disorder is preventing her from recovering and returning to work. Therefore, the requested procedure is in accordance with ODG and the reviewer finds medical necessity is established for the requested individual psychotherapy 1X6 weeks. Upon independent review, the reviewer finds that the previous adverse

determination/adverse determinations should be overturned.

**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)