

SENT VIA EMAIL OR FAX ON
Feb/28/2012

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/28/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psych Therapy 1 X wk X 6 wks lumbar

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

Family Medicine

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

Cover sheet and working documents

Utilization review determination dated 02/06/12, 01/17/12

Patient face sheet

Referral form dated 12/14/11

CPMP reassessment dated 01/03/12

Follow up note dated 09/20/11, 06/21/11, 05/24/11, 04/12/11, 03/08/11

Procedure report dated 08/18/11, 03/31/11

CPMP daily progress note dated 07/08/11, 07/06/11, 06/30/11, 06/14/11, 06/23/11, 06/22/11, 06/21/11

MRI lumbar spine dated 08/27/10

Reconsideration dated 01/23/12

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. On this date the patient had been standing for a period of time and changed positions and had a sharp back pain. Treatment to date includes physical therapy, 6 sessions of individual psychotherapy in 2010 medication management, bilateral SI joint injection 03/31/11, bilateral lumbar medial branch blocks L4-5 and L5-S1 on 08/18/11 and chronic pain management program. Chronic pain management program reassessment and discharge summary dated 01/03/12 indicates that the patient has completed 30 sessions of the program. Pain level decreased from 9 to 8/10, irritability 9 to 6/10, frustration 9 to 5/10, muscle tension 9 to 5/10, anxiety 10 to 5/10. BAI decreased from 53 to 24 and BDI from 58 to 37. Current medication usage is Hydrocodone 5/500 mg reduced from bid to once or twice daily prn, Flexeril 10 mg reduced from bid to once or twice daily prn, naproxen 500 mg bid, Metformin 500 mg 2 po bid, Lisinopril 20 mg qd, Buspar 5 mg bid, Trazodone 150 mg hs prn, Klonopin 2 mg bid, Risperdal 0.5 mg bid, Citalopram 40 mg 1.5 po qd, Fluoxetine 10 mg bid and Wellbutrin SR 200 mg bid. Initial PDI was sedentary-light. Current PDL is frequent light and occasional medium.

Initial request for individual psychotherapy 1 x 6 weeks was non-certified on 01/17/12 noting that the patient recently completed 30 sessions of CPMP. Dr. reports that the individual psychotherapy has been requested to maintain the patient's gains. However, it is unclear how the patient's maintained gains will be documented. The patient has completed sufficient psychological treatment. Reconsideration dated 01/23/12 indicates that by maintenance of gains Dr. refers to having patient not go back to pre CPMP self report of symptoms which were in the severe range. The denial was upheld on appeal dated 02/06/12 noting that the patient has already received individual psychotherapy in the past. It seems unlikely that 6 visits of therapy would lead to psychological mp given that he has already completed a pain management program.

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

Based on the clinical information provided, the request for individual psych therapy 1 x wk x 6 wks lumbar is not recommended as medically necessary, and the two previous denials are upheld. The patient recently completed 30 sessions of a chronic pain management program which exceeds the Official Disability Guidelines recommendation of 20 sessions. The patient continues with severe anxiety and depression. The patient has undergone a previous course of individual psychotherapy. Given the patient's extensive psychological treatment to date and ongoing severity of symptoms, it is unlikely that the patient will benefit significantly from 6 additional sessions of individual psychotherapy.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES