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Notice of Independent Review Decision

DATE OF REVIEW: 05/18/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual psychotherapy 1x a week for 6 weeks.

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

Texas Licensed Psychologist

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 or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Initial psychological evaluation dated 03/21/2012, prior review dated 04/16/2012, request for reconsideration dated 04/23/2012, prior review dated 04/26/2012, request for medical dispute resolution dated 05/01/2012, cover sheet and working documents.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported injury on xx/xx/xx. Initial psychological evaluation dated 03/21/2012 reported the patient was injured when she tripped and twisted her right ankle landing on bilateral knees. The note reported the patient had been previously treated with x-rays, MRI, physical therapy, TENS unit, and medications without significant decrease in pain. The note reported the patient was taking Naprosyn 500 mg for pain relief. The patient stated she

completed a second grade education in Mexico. The patient complained of 8/10 average daily pain level interfering with activities of daily living. The patient also reported that she felt severely depressed and anxious. Testing revealed the patient had a BDI-II score of 48 and a BAI score of 23. The patient was recommended for 6 sessions of individual psychotherapy. Prior review dated 04/16/2012 by reported the request was denied as there is no recommendation for antidepressants or lack of information when psychological symptoms started. Request for reconsideration dated 04/23/2012 reported the patient was again being recommended for treatment. Prior review dated 04/26/2012 by reported the request was denied based on the patient's BDI scores being excessively elevated with questions of validity. It was reported that there was no indication the patient had undergone any psychometric testing with validity measures. The request for medical dispute resolution dated 05/01/2012 indicated that the patient met all ***Official Disability Guidelines*** for treatment.

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

The request for individual psychotherapy 1x week for 6 weeks is non-certified and the previous non-certifications are upheld. The request for psychotherapy has been indicated as not necessary on two occasions for lack of psychometric testing scores with a validity scale and lack of comprehensive history of the patient's complaints. The only note submitted for review is the initial interview that indicated the patient has subjective and objective clinical findings of depression and anxiety. The patient did have a BDI-II score of 48 which is in the severe range. There is no indication the patient has undergone psychometric testing scores with a validity scale at this time. The concerns mentioned in the two prior reviews were not addressed by the requesting provider. Only two generic letters of appeal with limited information specific to the patient were provided. Therefore this request is not certified as medically necessary.

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

__X__ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

REFERENCES: Official Disability Guidelines, Mental Illness and Stress Chapter, Online Edition.

ODG Psychotherapy Guidelines:
Initial trial of 6 visits over 6 weeks
With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)