

# US Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Nov/19/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Individual Psychotherapy 1x6 90806

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

M.D., Board Certified Psychiatry

**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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** The reviewer finds medical necessity does not exist for Individual Psychotherapy 1x6 90806.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

CT head/brain without contrast dated 05/30/12

CT maxillofacial without coro dated 05/30/12

Clinical reports dated 05/30/12 and 06/13/12

Employee's claim for compensation dated 06/13/12

New patient evaluation 06/13/12

Preauthorization request 06/20/12

Letter of medical necessity dated 07/13/12

SOAP notes 07/18/12-10/25/12

Initial behavioral medicine consultation dated 07/23/12

MRI brain without contrast dated 07/24/12

Letter of medical necessity dated 07/25/12

Individual psychotherapy notes 08/08/12-09/07/12

Peer review report dated 08/17/12

Neurobehavioral consultation dated 08/22/12

Request for neuropsychological testing dated 08/22/12

Utilization review determination dated 09/07/12

Patient face sheet not dated

Individual psychotherapy treatment reassessment summary dated 09/17/12

Emergency individual psychotherapy note dated 09/20/12

Behavioral health treatment preauthorization request dated 09/20/12

Neuropsychological testing and electrodiagnostic results 09/25/12

Utilization review determination dated 09/25/12

Reconsideration preauthorization request dated 10/08/12

Peer review report dated 10/11/12

Utilization review determination dated 10/17/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female whose date of injury is xx/xx/xx. She was struck on the head that subsequently forced her head and hit against a metal surface or the arm remained pressing against her head. CT of the head/brain dated 05/30/12 indicates no acute intracranial abnormality; mild cerebral atrophy.

A note dated 06/20/12 indicates that she is very worried about having short-term memory loss. She complains of visual disturbances or "floaters" as well as nausea and dizziness. Initial behavioral medicine consultation dated 07/23/12 indicates that chipped tooth fragments were taken out of her lip. She will start physical therapy. Medications are listed as Imodium, Claritin and Suphedrine. The patient reports difficulty sleeping. She demonstrates aphasia. Mood was anxious and affect was constricted. BDI is 36 and BAI is 17. FABQ-W is 42 and FABQ-PA is 20. Diagnosis is pain disorder associated with both psychological factors and a general medical condition, acute; cognitive disorder nos; rule out posttraumatic stress disorder. MRI of the brain dated 07/24/12 revealed mild degree bilateral maxillary antra inner mucosla thickening of sinusitis; no detected intracranial abnormality. Peer review dated 08/17/12 indicates that the compensable injury is a closed head injury without LOC, cervical paravertebral myofascial strain, laceration to the lip and status post chipped tooth that was re-bonded. The patient's subjective complaints of anxiety, memory loss, anger, depression, agitation, sleep difficulty, ringing in the ears and vision problems are not causally related to the compensable injury. Neurobehavioral consultation dated 08/22/12 indicates that while it is clear that she meets the criteria for having sustained a concussion, it is not clear if she has persistent physical and/or psychological complaints related to this concussion or is unconsciously or consciously embellishing her symptoms. The patient was authorized for 6 individual psychotherapy sessions. Individual psychotherapy note dated 09/07/12 indicates that pain level is 8/10. Current medications are Claritin, Imodium and ibuprofen. The patient self-rates irritability 8/10, frustration/anger 10/10, muscle tension 10/10, nervousness/worry 9/10, sadness/depression 10/10, sleep problems 10/10, forgetfulness 9/10. Individual psychotherapy note dated 09/17/12 indicates that BAI has increased from 17 to 30 and BDI from 36 to 40.

Initial request for individual psychotherapy 1 x 6 was non-certified on 09/25/12 noting that the patient has completed 6 sessions to date without significant improvement. Current evidence based guidelines support an initial trial of 6 sessions of individual psychotherapy with continued sessions contingent upon evidence of objective functional improvement. The patient's subjective pain level has decreased; however, all other measurements provided have increased or remained the same. The patient is not currently taking any psychotropic medications. Reconsideration letter states that an antidepressant would be beneficial, but she refuses to take this medication despite clinician's recommendation. The denial was upheld on appeal dated 10/17/12 noting that the patient has not shown significant functional improvement with psychotherapy. The patient also refused to take any medication for depression. She did show some improvement with coping skills and memory, but they were not significant enough to warrant the request.

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

The patient has completed 6 sessions of individual psychotherapy to date without evidence of significant improvement. Individual psychotherapy note dated 09/07/12 indicates that pain level is 8/10. The patient self-rates irritability 8/10, frustration/anger 10/10, muscle tension 10/10, nervousness/worry 9/10, sadness/depression 10/10, sleep problems 10/10, forgetfulness 9/10. Individual psychotherapy note dated 09/17/12 indicates that BAI has increased from 17 to 30 and BDI from 36 to 40. The Official Disability Guidelines support ongoing individual psychotherapy sessions only with evidence of objective, functional improvement. The Official Disability Guidelines also note that the gold standard of treatment is a combination of medication management and individual psychotherapy; however, the patient has refused to take antidepressant medication despite clinician's recommendation. The reviewer finds medical necessity does not exist for Individual Psychotherapy 1x6 90806.

**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)