

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/22/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy 1 X 4 weeks

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

Board Certified Psychologist

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Cover sheet and working documents
Utilization review determination dated 07/25/12, 08/06/12
Individual psychotherapy treatment reassessment summary dated 07/12/12
Designated doctor evaluation dated 11/10/11
Reconsideration dated 08/02/12
Initial behavioral medicine consultation dated 05/09/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date the patient began having low back pain after a work related injury. Designated doctor evaluation dated 11/10/11 indicates that treatment to date includes physical therapy, MRI of the lumbar spine on 09/25/11 and medication management. Diagnosis is lumbar strain. The patient was determined to have reached MMI as of 10/19/11 with 0% whole person impairment. Initial behavioral medicine consultation dated 05/09/12 indicates that medications include Nortriptyline, Hydrocodone-acetaminophen, ibuprofen and Tramadol. BAI is 16 and BDI is 20. Diagnosis is pain disorder associated with both psychological factors and a general medical condition, chronic. Individual psychotherapy treatment reassessment summary dated 07/12/12 indicates that the patient has completed 6 individual psychotherapy sessions. Current medications are Nortriptyline and Tramadol. The patient has completed 6 sessions of individual psychotherapy. Pain level increased from 7 to 9/10, irritability from 6 to 9/10, frustration 6 to 8/10, muscle tension 7 to 9/10, anxiety 6 to 8/10 and depression remained

7/10. BAI decreased from 16 to 8 and BDI increased from 20 to 34.

Initial request for individual psychotherapy 1 x 4 was non-certified on 07/25/12 noting that the mental health report of 07/12 does not provide diagnostic impressions. The utilized psychometric instruments are inadequate/inappropriate to elucidate the pain problem, explicate psychological dysfunction or inform differential diagnosis in this case, and there is no substantive behavior analysis to provide relevant clinical/diagnostic information. Reconsideration dated 08/02/12 indicates that the patient sleeps 2 hours a night and 1 hour a day with awakenings every hour. The patient struggles with severe depression as evidenced by his BDI score=34 and VAS endorsement of 7/10. The denial was upheld on appeal dated 08/06/12 noting that the information presented is confusing. There is inadequate documentation regarding a coordinated treatment plan and from the treating doctor and/or surgeon. clearly stated that they would like to try four individual psychotherapy sessions and see how the patient responds and then either request work hardening or further individual psychotherapy. This is not a clear treatment plan.

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

Based on the clinical information provided, the request for individual psychotherapy 1 x 4 weeks is not recommended as medically necessary, and the two previous denials are upheld. The patient has completed 6 sessions of individual psychotherapy to date. The Official Disability Guidelines support ongoing individual psychotherapy with evidence of objective functional improvement. The submitted records fail to document significant improvement with individual psychotherapy completed to date. The reassessment dated 07/12/12 notes that pain level increased from 7 to 9/10, irritability from 6 to 9/10, frustration 6 to 8/10, muscle tension 7 to 9/10, anxiety 6 to 8/10 and depression remained 7/10. BAI decreased from 16 to 8 and BDI increased from 20 to 34. Given the lack of documented improvement with individual psychotherapy completed to date, the request for ongoing treatment is not indicated as medically necessary.

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)