

True Resolutions Inc.

An Independent Review Organization
500 E. 4th St., PMB 352
Austin, TX 78701
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Mar/15/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

6 individual psychotherapy sessions

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

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx year old female who sustained an injury on xxxxx and has been followed for complaints of right ankle pain. There was no initial imaging evidence of any significant fractures and 3 phase bone scans of the ankles completed on 11/19/12 revealed evidence of possible slight cellulitis or soft tissue contusion involving the anterior aspect of the distal right calf. The patient was referred for a possible chronic pain management by Dr. on 01/24/13. The patient underwent a mental health evaluation on 01/29/13 in which the patient reported chronic pain in the right ankle. The patient had limited sleep due to pain which the patient indicated exacerbated anxiety symptoms. The patient reported episodes of depressed moods, crying spells, and insomnia. The patient reported being motivated to change and to return to work. Medications at this visit included Mobic 7.5mg BID. Mental status examination revealed a flat and tearful affect with congruent mood. The patient admitted to depressed mood and crying spells with insomnia and irritability. The patient denied any suicidal ideation or intent. BDI and BAI scores reported a severe level of depression at 49 and severe levels of anxiety at 43. The patient was recommended for a chronic pain management program from this evaluation. An individual treatment plan dated 02/07/13 from, LPC indicated psychotherapy and consultation for 6 sessions. An appeal letter from, LPC dated 02/19/13 stated that the patient reasonably required 6 individual counseling sessions to address chronic pain and psychological factors.

The prior review dated 02/05/13 was for a chronic pain management program.

The request for individual psychotherapy for 6 sessions was denied by utilization review on 02/12/13. The report indicated that BAI and BDI were inadequate and inappropriate to elucidate the pain problem or inform a differential diagnosis in the case and there was no substantial behavior analysis to provide relevant clinical and diagnostic information.

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

Based on the clinical documentation provided for review, there is insufficient support for the requested individual 6 psychotherapy sessions. From the mental health evaluation, the patient was noted to have significantly high reporting scores for BDI and BAI results. This may demonstrate over-reporting on the patient's part. There was no documentation regarding validity testing such as MMPI or VHI-2 testing which would further support the patient's self-reporting scores. Additionally, there is no documentation that the patient was prescribed psychotropic medications which are supported by the Official Disability Guidelines in combination with individual psychotherapy. Per Official Disability Guidelines, psychotropic medications are a gold standard treatment for major depressive disorder in combination with individual psychotherapy. As there is no indication of psychotropic medication use for this patient and as there was no validity testing submitted, it is this reviewer's opinion that medical necessity is not established in this case per Official Disability Guidelines and the prior denials are upheld.

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