

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Mar/12/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: individual psychotherapy 6 sessions over 8 weeks

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D. 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. It is the opinion of this reviewer that the requested individual psychotherapy 6 sessions over 8 weeks would not be supported as medically necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Functional capacity evaluation dated 01/29/13
Peer review dated 01/30/12
Required medical evaluation dated 12/03/12
Individual psychotherapy progress note dated 01/09/13
Clinical notes dated 10/31/12 – 12/28/12
Treatment progress report dated 01/04/13
Updated treatment progress report dated 02/06/13
Appeal letter dated 02/06/13
Prior reviews dated 01/09/13 and 02/26/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who sustained an injury on xxxxxx when he fell out of a tunnel approximately 6-7 ft. high. The patient did report panic attacks while in the tunnel and was initially followed for complaints of low back and right elbow pain. Prior treatment has included the use of epidural steroid injections. There was also a recommendation for individual psychotherapy. It is noted that the patient was placed at MMI on 05/07/12 in December of 2012. A treatment progress report completed on 01/04/13 indicated that the patient was being treated with individual psychotherapy. Pertinent medications included Abilify, Estazolam, and Lexapro. Per the progress report, the patient rated his pain as 8/10 on the VAS scale. The patient's FABQ scores were at maximum for both physical activity and work. The patient was recommended for continuing individual psychotherapy.

This was denied by utilization review on 01/09/13 as there was no evidence of any documented functional gains that would support ongoing individual psychotherapy after the initial 12 sessions. An updated treatment progress report dated 02/06/13 indicated that the patient was recently seen for another designated doctor evaluation, however. The report was not available. Updated medication information indicated that the patient was also taking Cymbalta and Lunesta. Scores were unchanged and the patient was again recommended for six sessions of individual psychotherapy. This request was again denied by utilization review on 02/26/13 as there was still no indication from the clinical information that the patient had significant gains with past psychotherapy sessions that would support ongoing therapy.

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, it does not appear that the patient has sustained or developed any significant functional improvement or reduction in symptoms with past individual psychotherapy to warrant an additional six sessions as requested. The individual psychotherapy progress report identified unchanged FABQ scores and elevated Oswestry disability index scores. There was no indication of any significant improvement from BAI or BDI scoring. Although current evidence based guidelines recommend individual continuing individual psychotherapy for patients who benefit from the therapy, given the lack of objective documented gains of functional improvement or symptoms, the requested six additional psychotherapies would not be consistent with guideline recommendations. As such, it is the opinion of this reviewer that the requested individual psychotherapy 6 sessions over 8 weeks would not be supported as medically necessary and the prior denials are upheld.

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)