

MAXIMUS Federal Services, Inc.
4000 IH 35 South, (8th Floor) 850Q
Austin, TX 78704
Tel: 512-800-3515 ♦ Fax: 1-877-380-6702

Notice of Independent Review Decision

DATE OF REVIEW: August 19, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Six additional psychotherapy sessions (CPT 90837).

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

M.D., Board Certified in 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)

I have determined that the requested services are not medically necessary for the treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 7/30/13.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 7/31/13.
3. Notice of Assignment of Independent Review Organization dated 8/01/13.
4. Denial documentation.
5. Letter, dated 7/16/13.
6. Mental Health Evaluation, dated 5/22/13.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was exposed to two failed robberies and one completed robbery. Subsequent to the final robbery, she developed an acute stress reaction. This manifested as anxiety and depression. The patient received six sessions of therapy which included relaxation training and journaling. She was concomitantly started on sertraline 50mg daily. In a mental health evaluation dated 5/22/13, the provider noted a Beck Depression Inventory (BDI) score of 12/63, indicating a low level of expressed depression. The patient's post-traumatic stress survey (PTSS) score was 5.56. The provider has recommended six additional psychotherapy sessions (CPT 90837).

The URA indicates that the patient does not meet Official Disability Guidelines (ODG) criteria for the requested services. Specifically, the initial denial stated that there have been six psychotherapy sessions. Per the URA, there was no report of progress, adherence, alliance, or ability to benefit. The URA reports that there was no treatment plan. On appeal, the URA noted that the documentation provided does not substantiate continuation of treatment of this time.

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

The patient has a very low level of expressed anxiety and depression. By ODG guidelines, cognitive psychotherapy for post-traumatic stress disorder constitutes an initial six visits over six weeks. Only with evidence of objective functional improvement should more treatment be assigned up to a total of 13-20 visits over 13-20 weeks. In this case, there is no evidence that the patient has benefitted from the initial six sessions or that she will substantially benefit from an additional six sessions. Per the patient's report, her anxiolytic relief came from hot Epsom salt soaks. The metrics administered to her, including BDI and PTSS, indicate that she is starting at a very low level of expressed distress so one would not expect significant functional improvement from the therapy administered. All told, the requested services are not medically necessary for the treatment of this patient.

Therefore, I have determined the requested six additional psychotherapy sessions (CPT 90837) are not medically necessary for treatment of the patient's medical condition.

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

- ACOEM- AMERICAN 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 JUDGMENT, 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)