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IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 8/06/13

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Four additional visits of individual psychotherapy; CPT: 90824

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Physician Board Certified in Pain Management & Anesthesiology

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld	**(Agree)**	**X**
Overturned	(Disagree)	
Partially Overturned	(Agree in part/Disagree in part)	

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Adverse Determination Letters (2), 7/08/13; 6/21/13
Clinical Notes include:
Individual Psychotherapy Note/Behavorial Medical Assessment, 6/17/13, 4/01/13; Follow-Up, 6/17/13
Operative Note: Procedure, 5/16/13
ODG (Official Disablity Guidelines)

PATIENT CLINICAL HISTORY SUMMARY
The patient is a female who sustained injury in xx/xxxx, as a result of the repetitive nature of her job duties. Left carpal tunnel surgery was performed on 5/16/13. Previously, the right carpal tunnel was treated operatively. There is persistent 7/10 pain in the left, greater than in the right wrist, and pain with range of motion. Eight (8) sessions of psychotherapy have been performed.

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

Opinion: I agree with the benefit company's decision to deny the requested service.

Rationale:
ODG endorse up to 13 to 20 visits if there is evidence of objective functional improvement. After 8 sessions already, the only improvement noted is a decreased effect in the anxiety inventory, but anxiety is still in the severe range. Pain level, irritibility, frustration, and muscle tension values have not improved. There is no documentation of functional improvement. ODG are not met.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS X

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE DESCRIPTION)