IMedReviews
14785 Preston Road, Suite 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

Notice of Independent Review Decision

DATE OF REVIEW: 1/27/2013

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy x 6 sessions.

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	1/07/2013
Utilization Review Determinations	12/14/2012-1/03/2013
Response to Denial letter Pre- Authorization request	12/20/2012 12/27/2012
Independent Medical Examination Report	6/01/2012
Medical Review and Medical assessment	08/01/2012
Texas Department of Insurance Designated Doctor Examination Data Report	10/10/2012
Designated Doctor's Examination	10/10/2012
Patient Notes	6/06/2012-11/27/2012
EMG report	11/07/2012
	6/28/2012

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Visit Note	

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The patient is a male who slipped and fell on xx/xx/xx while doing work. He sustained neck and back strain, related chronic pain, and limitations. He underwent multiple modalities of treatment including Physical Therapy, facet blocks, pharmacotherapy with opiate analgesics, muscle relaxants, antidepressants, anxiolytics, sedative hypnotics, and 6 sessions of psychotherapy. His Beck depression score increased from 22 to 38, and the Beck anxiety score increased from 22 to 54. While lumbar and sacral radiculopathies have been documented, he was not considered a surgical candidate. Instead of surgery, facet blocks were recommended; however, facet blocks also failed to provide substantial relief for this patient.

The request is for 6 additional psychotherapy sessions, despite the failure of the previous 6 sessions to show any objective measure of improvement in this man's functional capacity or emotional well-being.

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

Per ODG references, the requested additional individual psychotherapy x 6 sessions are not medically necessary.

Additional psychotherapy sessions are not recommended, nor indicated for this patient, given that the initial 6 psychotherapy sessions failed to accomplish any improvement. On the contrary, his condition worsened.

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 KNOWLEDGE BASE
- ☐ 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