

C-IRO Inc.

An Independent Review Organization

1108 Lavaca, Suite 110-485

Austin, TX 78701

Phone: (512) 772-4390

Fax: (512) 519-7098

Email: resolutions.manager@ciro-site.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jan/24/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Individual psychotherapy; office or outpatient, approx. 45-50 minutes

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D. Board Certified Family Medicine

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 the reviewer that the request for Individual psychotherapy; office or outpatient, approx. 45-50 minutes is not recommended as medically necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Handwritten notes dated 10/13/11 and 10/25/11

MRI lumbar spine without contrast dated 12/14/11

MRI lumbar spine with and without contrast dated 05/17/12

Progress notes dated 09/20/12 and 10/17/12

Letter dated 11/28/12

Appeal letter dated 11/28/12

Utilization review determinations dated 12/20/12 and 01/04/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. On this date the injured worker was assisting to transfer a XX when he noted low back pain. The patient completed a course of physical therapy. Progress note dated 09/20/12 indicates that the patient has undergone two injections. Behavioral evaluation dated 11/28/12 indicates that BDI is 18 and BAI is 15. FABQ-PA is 24 and FABQ-W is 39. Medications are listed as hydrocodone, Cymbalta, Naprosyn and Flexeril. Diagnosis is pain disorder associated with both psychological factors and a general medical condition, chronic.

Initial request for individual psychotherapy was non-certified on 12/20/12 noting that the utilized psychometric assessment is inadequate/inappropriate to elucidate the pain problem, explicate psychological dysfunction or inform differential diagnosis in this case, and there is no substantive behavior analysis to provide relevant clinical/diagnostic information. There is no evidence that the administered MMPI-2 was interpreted, and there is no evidence that any of the test performances were integrated into the evaluation, as required for appropriate use

of psychological tests. The patient suffers from a variety of premorbid/comorbid medical conditions, most notably cancer. There is no assessment with respect to whether this may constitute any negative reinforcement of the patient's pain behavior and/or contribute directly to the present level of dysfunctional status, regardless of the present underlying orthopedic condition. The patient's clinical and disability status cannot be appropriately considered without taking these factors into account. The denial was upheld on appeal dated 01/04/13 noting that there is insufficient information to support a change in determination, and the previous non-certification is upheld.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The initial request was deemed not medically necessary given that the utilized psychometric assessment is inadequate/inappropriate to elucidate the pain problem, explicate psychological dysfunction or inform differential diagnosis in this case, and there is no substantive behavior analysis to provide relevant clinical/diagnostic information. There is no evidence that the administered MMPI-2 was interpreted, and there is no evidence that any of the test performances were integrated into the evaluation, as required for appropriate use of psychological tests. The patient suffers from a variety of premorbid/comorbid medical conditions, most notably cancer. There is no assessment with respect to whether this may constitute any negative reinforcement of the patient's pain behavior and/or contribute directly to the present level of dysfunctional status, regardless of the present underlying orthopedic condition. The patient's clinical and disability status cannot be appropriately considered without taking these factors into account. The submitted appeal letter does not address these issues, and therefore the previous denials are upheld. The appeal letter states only that all of the assessments that were performed are more than adequate to illustrate the patient's behavioral health. Based on the clinical information provided, it is the opinion of the reviewer that the request for Individual psychotherapy; office or outpatient, approx. 45-50 minutes is not recommended as medically necessary, and the two previous 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)