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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Dec/20/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Individual Psychotherapy for 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 the reviewer that Individual the requested Psychotherapy for 6 sessions over 8 weeks is not indicated as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Handwritten office visit notes Dr. XXXX dated 06/05/12-11/06/12
MRI right thumb dated 06/11/12
Mental health evaluation/treatment request dated 06/13/12
Office visit notes XXXX, D.C. dated 06/18/12-08/28/12
Initial diagnostic screening dated 07/30/12 and progress reports dated 10/22/12 and 11/09/12
Lower EMG/NCV study dated 09/11/12
Utilization review determination dated 11/06/12
Response to denial letter dated 11/09/12
Utilization review determination dated 11/29/12

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male. On this date the patient was carrying heavy boxes and felt extreme pain and swelling in his right hand. Initial diagnostic screening indicates that treatment to date includes diagnostic testing; rest/off work, physical therapy and medication management. Medications are listed as Tramadol, Ibuprofen, Lisinopril, Janumet, Tamsulosin and Antivert. BDI is 22 and BAI is 24. Diagnoses are adjustment disorder with mixed anxiety and depressed mood; and pain disorder associated with both psychological factors and a general medical condition. Treatment progress report dated 10/22/12 indicates that the patient has completed 6 sessions of individual psychotherapy to date. Current medications are listed as Tramadol, Ibuprofen, Lisinopril,

Janumet, Tamsulosin, Antivert and Ambien. Pain level has decreased from 8 to 7/10. BAI decreased from 24 to 23 and BDI decreased from 22 to 18.

Initial request for individual psychotherapy x 6 sessions was non-certified on 11/06/12 noting that it is not clear why the patient is on Antivert. The report alludes to a complaint of pain in the hand and no allusion to a back injury, though there is documentation in that report of several diagnostic and procedures for the lumbar spine; this is confusing. Six psychotherapy sessions have recently been provided, and there is no indication/documentation of clinically meaningful objective functional improvements. Therapeutic progress is reported with subjective and psychometric assessments. A change in test scores or other subjective "measures" is insufficient to demonstrate clinically meaningful progress or effectiveness of psychotherapy. The denial was upheld on appeal dated 11/29/12 noting that the treatment update reports minimal change in the patient's psychological symptoms. No functional improvements are reported. ODG states that additional psychological treatments should only be provided "with evidence of objective functional improvement" from previous psychological treatments. After 6 sessions of individual psychotherapy, no functional improvements are reported in the treatment update. This presents a poor prognosis for the requested additional treatment.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has completed 6 sessions of individual psychotherapy to date. The Official Disability Guidelines support ongoing individual psychotherapy only with evidence of objective functional improvement. The submitted treatment update documents only minimal improvement following a course of individual psychotherapy. Additionally, the patient has not been placed on any psychotropic medications. Given the current clinical data, it is the opinion of the reviewer that Individual the requested Psychotherapy for 6 sessions over 8 weeks is not indicated as medically necessary.

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)