

# Applied Assessments LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Jan/08/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Individual Psychotherapy 6 X week X 6 weeks

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

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.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 10/25/12, 12/04/12, 07/27/12

Peer review dated 07/11/12

Treatment progress report dated 10/08/12

Office visit note dated 09/25/12, 08/31/12, 07/31/12, 05/29/12, 10/24/12, 05/29/12

Response to denial letter dated 11/02/12

Handwritten note dated 09/25/12, 07/31/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female whose date of injury is xx/xx/xx. On this date the patient tripped over a 1 foot tall wooden board which was placed across her boss' doorway. The patient fell down landing on her left knee and right wrist. Treatment progress report dated 10/08/12 indicates that repeated requests for spinal cord stimulator trial have been denied due to lack of documentation to indicate that the patient has failed back syndrome, CRPS or postherpetic neuralgia. Diagnoses are listed as pain disorder associated with both psychological factors and a general medical condition; and adjustment disorder with mixed anxiety and depressed mood, acute. Medications are listed as hydrocodone, Flurazepam, Naproxen, Paxil, Metformin, Pravastatin, Lisinopril, Januvia and Actos. The patient has completed a total of 14 individual psychotherapy visits during 2012. BDI increased from 19 to 20 and BAI remains unchanged at 19.

Initial request for individual psychotherapy 6 x week x 6 weeks was non-certified on 10/25/12

noting that there was insufficient documentation submitted to indicate the need of ongoing psychotherapy at this time. The documentation provided indicated the patient completed 14 sessions of psychotherapy to date. She had ongoing complaints of pain. There was no indication there was significant objective functional improvement with the initial 14 sessions of psychotherapy to date. The patient had an increase in pain, and she had an increase on the physical subscale and work subscale as well as the McGill Pain Questionnaire. She had a 1 point increase on the Beck Depression Inventory, from a 19 to a 20, and her Beck Anxiety Inventory remained the same at a 19. Additionally, this request is for psychotherapy 6 times a week times 6 weeks, which seems excessive and exceeds guideline recommendations. Appeal letter dated 11/02/12 indicates that the request was a mistake and should have been for individual psychotherapy 6 sessions, 1 session a week for a total of 6 weeks. Overall, there is noted functional affective improvement in the patient's self-awareness and self-monitoring, sense of self-worth and interactions with others have improved. The denial was upheld on appeal dated 12/04/12 noting that the claimant reportedly rates pain as having increased from 4/10 to 5-6/10, her McGill score increased, her Oswestry score increased, her BDI has increased from 19 to 20 and her BAI has remained at 19. She is not working. There is insufficient information to establish necessity for psychotherapy at this time. The claimant is reportedly still awaiting a recommended spinal cord stimulator. The patient does not demonstrate significant lasting improvement from prior psychotherapy with 14 sessions to date, and the claimant has not returned to work in any capacity after four years post injury.

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

Based on the clinical information provided, the request for individual psychotherapy 6 x week x 6 weeks is not recommended as medically necessary and the two previous denials are upheld. The patient has completed 14 sessions of individual psychotherapy to date. The Official Disability Guidelines support ongoing individual psychotherapy with evidence of objective functional improvement. The patient's subjective report of pain has increased, McGill score has increased, Oswestry score increased, BDI increased and BAI is unchanged. Therefore, there is insufficient documentation of objective functional improvement provided to support additional individual psychotherapy at this time.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**