

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Dec/21/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Individual Psychotherapy 1 x wk x 6 wks 90806

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 the requested Individual Psychotherapy 1 x wk x 6 wks 90806 is not indicated as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
MRI cervical spine without contrast dated 07/12/11
MRI head with/without contrast dated 07/25/11
Office visit notes Dr. dated 12/07/11-01/20/12
Office visit note Dr. dated 01/11/12
Request for preauthorization dated 01/25/12
PRIDE progress/staffing note dated 01/31/12
Neuropsychological evaluation dated 02/04/12
Request for approval of functional restoration program dated 02/06/12
Authorization letter dated 03/02/12
Initial behavioral medicine assessment dated 10/30/12
Behavioral health treatment preauthorization request dated 11/02/12
Utilization review determination dated 11/07/12
Reconsideration behavioral health treatment preauthorization request dated 11/15/12
Utilization review determination dated 12/04/12

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. On this date the patient was about 4 feet up on a scissors lift when he fell landing head first onto a concrete floor. The patient underwent MRI of the cervical spine and MRI of the head which were grossly unremarkable. Note dated 01/11/12 indicates that the patient reports persistent sad mood, decrease in interest, positive guilt feeling, low energy, impaired concentration and irritability. The patient subsequently underwent 20 days of PRIDE functional restoration program. Neuropsychological evaluation dated 02/04/12 indicates that

the patient did not lose consciousness, but was dazed. Medical history is significant for a head injury when kicked by a horse at age 16. The patient's performance on general measures of intellectual ability fell in the low average to borderline range. This was below the estimated premorbid ability in the low average to average range. Assessment of cognitive functions was characterized by variability with scores ranging from average to impaired. However, Dr. notes that he does not have confidence that these findings consistently provide an accurate assessment of brain functioning. The primary focus of treatment should be psychotherapy and psychiatric care for treatment of depression and anger. Initial behavioral medicine assessment dated 10/30/12 indicates that medications include hydrocodone-acetaminophen, Nexium, metoprolol, Nuvigil, verapamil, Lamictal, Zolpidem tartrate and Tegretol. BDI is 27 and BAI is 14. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, chronic; posttraumatic stress disorder, chronic; and cognitive disorder nos.

Initial request for individual psychotherapy 1 x wk x 6 wks was non-certified on 11/07/12 noting that the patient recently finished a functional restoration program at PRIDE which is a tertiary level program. Dr. is unsure how the patient responded to the program. The patient likely received some individual psychotherapy along the way, but Dr. does not have any information regarding psychological treatment completed to date or the patient's response thereto. Reconsideration dated 11/14/12 indicates that the patient was advanced to chronic pain management without exhausting lower levels of care. He never had low level individual psychotherapy to address his symptoms of PTSD and memory issues due to his head injury. The denial was upheld on appeal dated 12/04/12 noting that there is no documentation of posttraumatic stress disorder on the psychological behavioral health evaluation dated 10/30/12. He is noted to have continued depression and anxiety; however, there is no indication that the patient has been treated with antidepressants or anti-anxiety drugs. He is reported to have completed a functional restoration program including neuropsychological testing prior to the functional restoration program and there is no documentation to the patient's response of the functional restoration program. As such, the request for cognitive behavioral health treatments does not meet guideline recommendations as the patient has previously been treated with psychological treatment and there is no documentation of the patient's response to the previous treatment.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has completed a functional restoration program which contains a psychological treatment component; however, the patient's objective functional response to this treatment is not documented to establish efficacy of treatment and support ongoing psychological treatment. The patient reportedly presents with depression and anxiety; however, there is no indication that the patient has been placed on any psychotropic medications to treat these conditions. Given the current clinical data, it is the opinion of the reviewer that the requested Individual Psychotherapy 1 x wk x 6 wks 90806 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)