

P-IRO Inc.

An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #203
Mansfield, TX 76063
Phone: (817) 405-0878
Fax: (214) 276-1787
Email: resolutions.manager@p-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jun/18/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Diagnostic Interview X 2

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
Clinical notes dated 01/04/10 – 04/30/13
Electrodiagnostic study dated 11/05/10
Initial diagnostic screen dated 12/03/10
Prior reviews dated 04/19/13 & 05/15/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. Per the clinical information, the patient sustained a C2 fracture as well as a disc injury to the lumbar spine. The patient previously reported anxiety, depression, and sleep disturbances and the patient was recommended for individual psychotherapy in December of 2010. The patient continued to be managed in regards to pain through 2013. Per the clinical report on 03/26/13, the patient continued to have complaints of pain in the cervical spine as well as the thoracic and lumbar spine. The patient reported being fatigued at the end of the day. Physical examination demonstrated no significant changes in his overall physical parameters. Due to psychological stressors, the patient was recommended for individual psychotherapy.

The request for individual psychotherapy was denied by utilization review on 04/19/13 as there was no evidence of psychiatric pathology. Due to the lack of evidence regarding psychopathology to the degree that therapy would be needed, medical necessity was not established.

The request was again denied by utilization review on 05/15/13 as there was no evidence of psychiatric pathology.

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

The patient has had ongoing complaints of chronic pain and has been followed through March of 2013. The patient reported fatigue secondary to his pain. Upon reviewing the patient's clinical data, there was no evidence of any significant depression or anxiety symptoms that would be reasonably impacting the patient's ongoing recovery. The patient displayed symptoms that are typical in the general population for ongoing chronic pain. Given the absence of any significant patho psychological behaviors that reasonably support therapy, additional diagnostic interviews would not be supported as medically necessary at this point in time per guideline recommendations. As such, it is this reviewer's opinion that medical necessity is not established in this case and the prior 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)