

Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 09/16/13

IRO CASE #:

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

Texas-licensed Ph.D.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Psychotherapy, 60 min (90837); outpatient psychotherapy, 45 min (90834)

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld** (Agree)
- Overtured** (Disagree)
- Partially Overtured** (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overtured</i>
309.24	90837		Prospective				Xx/xx/xx		Upheld
309.24	90834		Prospective				Xx/xx/xx		Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. TDI case assignment.
2. Letter of denial 07/24/13 & 06/05/13, including criteria used in the denial.
3. Diagnostic Assessments 08/02/12 & 06/18/13.
4. Treatment update (not dated).

PATIENT CLINICAL HISTORY (SUMMARY):

This employee sustained a severe motor vehicle accident injury in xxxx. After he was injured, the employee experienced physical and cognitive problems. His mental problems included difficulties with organizational and attention skills, heightened anxiety, some depression, and some symptoms related to posttraumatic stress disorder such as avoidance of remembering the accident or stimuli associated with the accident. He also experienced poor impulse control, anger issues, and vestiges of minor cognitive problems such as difficulties with language and writing. Prior to the accident, the employee reportedly had no impairments in his adaptive, cognitive, or emotional functioning.

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

There is no objective data such as a Beck Depression Inventory or a Beck Anxiety Inventory to determine whether or not the employee has clinical levels of depression or anxiety. He appears to have subclinical symptoms of posttraumatic stress disorder and some issues with impulse control and anger issues.

The Official Disability Guidelines Texas Workers' Compensation guidelines related to psychotherapy suggest initial trial of six visits over six weeks, and with evidence of objective functional improvement a total of up to thirteen to twenty visits over a thirteen to twenty-week period. The employee has actually had

a year of psychotherapy with one psychologist, and ten previous sessions of psychotherapy with another. There is no evidence of improvement in his emotional, cognitive, or behavioral symptoms. There is mention that he has gained more “acceptance” since his injury in xxxx, but there is no evidence to support continued psychotherapy, particularly since the amount of psychotherapy he has had exceeds the ODG TWC guidelines

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

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase
- AHCPH-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 judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)