

Notice of Independent Review Decision

August 26, 2013

IRO CASE #: 46953

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual psychotherapy 1x 6 weeks 90837; 6 Sessions of Medication Monitoring, 1 time every 2 weeks for 3 months 99214/99213

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

The physician performing this review is Board Certified, American Board of Psychiatry and Neurology and has been in practice since 1992 and is licensed in the State of Texas. Also a Member of: NADD National Association for the Dually Diagnosed, American Medical Association, Brain Injury Association of America and American Neuropsychiatric Association

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 of the health care services in dispute.

Upon independent review the physician finds that the previous adverse determination should be **Overturned**. *Individual psychotherapy 1x 6 weeks 90837*

Upon independent review the physician finds that the previous adverse determination should be **Upheld**. *6 Sessions of Medication monitoring, 1 time every 2 weeks for 3 months 99214/99213*

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records Received: 16 page fax 08/07/13 Texas Department of Insurance IRO request, Mailed documents totaling 52 pages received 08/16/13 URA response to

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disputed services including administrative and medical records. Dates of documents range from 06/15/09 to 8/07/13.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient's clinical history was unremarkable prior to her injury. Post injury and post completion of her pain management program, the patient had symptoms of chronic pain, moderate to severe depression, mild to moderate anxiety, sleep disturbance, withdrawal from others, loss of enjoyment of previously enjoyed activities, and some suicidal ideation.

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

The analysis of the decision involves the following. The Official Disability Guidelines support an initial trial of six sessions of individual psychotherapy over six weeks, plus, if there is evidence of objective functional improvement, the patient can have a total of up to 13-20 additional weekly sessions. However, there is no evidence to support that medication management frequency of every two weeks for three months is appropriate. This frequency is excessive. It is customary to have medication review one time every three months.

Official Disability Guidelines, mental illness, online edition.

Official Disability Guidelines, psychotherapy guidelines.

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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
- 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)