

I-Resolutions Inc.

An Independent Review Organization
3616 Far West Blvd Ste 117-501
Austin, TX 78731
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jan/28/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Individual psychotherapy 1 x Wk x 6Wks

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

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 request for Individual psychotherapy 1 x Wk x 6Wks is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 12/30/13, 12/06/13
Reconsideration dated 12/17/13
Office visit note dated 11/08/13, 11/02/13, 06/21/13, 07/08/13, 01/23/13, 01/22/13, 03/15/13, 04/12/13, 05/14/13, 06/21/13, 07/08/13, 07/17/13, 07/23/13, 07/25/13, 07/30/13, 07/31/13, 08/05/13, 08/27/13, 09/23/13
Designated doctor evaluation dated 09/12/13, 10/22/13
Functional capacity evaluation dated 09/04/13, 10/08/13
Environmental intervention dated 10/17/13, 10/29/13
Report of MMI/IR dated 10/31/13
Lumbar MRI dated 06/06/13, 10/30/13
Assessment/evaluation for individual psychotherapy treatment dated 12/02/13
Letter dated 01/13/14
Handwritten note dated 01/03/13, 12/03/12, 12/26/12, 01/25/13, 02/07/13, 02/27/13, 03/19/13, 03/26/13, 04/23/13, 06/14/13, 07/09/13, 07/17/13, 08/09/13, 08/27/13, 09/09/13, 09/23/13
Operative report dated 03/25/13
Radiographic report dated 03/05/13
Lab report dated 03/22/13, 11/02/13
Individual psychotherapy note dated 11/13/13, 11/06/13, 11/20/13, 11/27/13
Emergency record dated 10/21/12
CT lumbar spine dated 10/21/12
History and physical dated 10/17/13, 10/05/13, 10/19/13
Initial behavioral medicine consultation dated 10/09/13
Initial rehab evaluation dated 10/07/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. The patient underwent laminectomy and discectomy L4-5 in March 2013. Initial behavioral medicine consultation dated 10/09/13 indicates that treatment to date also includes diagnostic testing and medication management. The patient displayed cognitive distortions to include emotional reasoning. BDI is 12 and BAI is 9. Diagnoses are listed as major depressive disorder, single episode, mild-due to pain and loss of functioning; and pain disorder associated with both psychological factors and a general medical condition.

Report of maximum medical improvement/impairment dated 10/31/13 indicates that clinical impression is lumbar strain, lumbar disc derangement and lumbar radiculopathy. The patient was determined not to have reached maximum medical improvement. The patient was authorized for 4 sessions of individual psychotherapy. Individual psychotherapy note dated 11/27/13 indicates that medications include Gabapentin, Naproxen, Norco and Tramadol. Assessment/evaluation dated 12/02/13 indicates that BDI is 25 and BAI is 24.

Initial request for individual psychotherapy was non-certified on 12/06/13 noting that the individual psychotherapy treatment form dated 12/02/13 notes significant increase in Beck inventories, now in moderate and approaching severe range. There is no information about whether or not the four sessions previously requested were performed and if so the outcome. There is no information to explain the reasons for worsening of mood. There is also no discussion of antidepressants given increasing depression. Reconsideration dated 12/17/13 states that the patient has completed 4 sessions of individual psychotherapy. Pain level increased from 6.5/10 to 7/10. BAI increased from 9 to 24 and BAI from 12 to 25. He saw on 12/13/13 and he did not recommend an antidepressant medication. His Beck's did increase from low ranges to moderate ranges. The patient did make gains by reducing his irritability, frustration and anxiety. The denial was upheld on appeal dated 12/30/13 noting that it is unclear why the patient is not on any antidepressant medications. There is still no information on the reasons for the patient's worsening of the Beck scores. Given the minimal psychological improvement after the initial sessions, medical necessity of the request is not established.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries on xx/xx/xx and recently completed 4 individual psychotherapy sessions. The Official Disability Guidelines support ongoing individual psychotherapy with evidence of objective functional improvement. The submitted records indicate that the patient's pain level increased from 6.5/10 to 7/10. BAI increased from 9 to 24 and BAI from 12 to 25. Additionally, the Official Disability Guidelines state that the gold standard of treatment for major depression is a combination of individual psychotherapy and medication management. However, the submitted records indicate that the patient has not been placed on antidepressant medication. As such, it is the opinion of the reviewer that the request for Individual psychotherapy 1 x Wk x 6Wks is not recommended 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)