



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review

DATE NOTICE SENT TO ALL PARTIES: 01.08.14

IRO CASE #:

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

Texas Licensed M.D., board certified in General Psychiatry and Child and Adolescent Psychiatry

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Insurance carrier's denial of four sessions of individual psychotherapy

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)

<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 Overturn</i>
30789	90806		Prosp.		11.26.13 – 02.09.14		Xx/xx/xx		Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Department of Insurance assignment
2. Official Disability Guidelines
3. Initial preauthorization request with records and the letter of denial dated 12/02/13
4. Reconsideration of preauthorization request with letters and letter of denial dated 12/16/13
5. Letter dated 04/04/13 and 05/21/13
6. Texas impairment exam dated 08/13/13.

PATIENT CLINICAL HISTORY (SUMMARY):

Records indicate that the claimant is a male who sustained an occupational injury on xx/xx/xx, injuring the low back, groin, left hip, buttock, upper leg, lower leg, left foot, toe, and right hip, buttock, upper leg, lower leg, right foot, toe.

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

Denial letter dated 12/02/13 states the following: The perspective request for four sessions of individual psychotherapy between 11/26/13 and 01/25/14 is non-certified. Reconsideration of prior non-certification denial letter dated 12/16/13 states the following: The perspective request for four sessions of individual therapy between 12/11/13 and 02/09/14 is non-certified. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified.

Evaluation of health and behavioral re-assessment completed on 11/13/13 notes the following diagnoses. Axis 1: 307.89, pain disorder associated with both psychological factors and medical condition; 305.1, nicotine dependence in early partial remission. Axis 2: V71.09, no diagnosis. Axis 3: Injury to lower back - see medical records. Axis 4: Primary support group, social environment, economic problems, and occupational problems. Axis 5: Current Global Assessment of Functioning 57, estimated pre-injury GAF 75+. Response letter from PsyD, LPC, notes that the claimant's surgeon, M.D., is hoping that he stops smoking in order for him to proceed with surgery. It is noted that on evaluation on 11/13/13 he scored 1 on the

**P. O. Box 787
 Elgin, TX 78621-0787
 Phone: 512.218.1114
 Fax: 512-287-4024**

Beck Depression Inventory-2, indicating minimal depression. The claimant's score on the Beck Anxiety Inventory was 1, reflecting minimal anxiety. It is noted that surgery is recommended and compensable, and that smoking is listed as a "risk factor" for fusion in the ODG. The letter goes on to state, "Therefore, smoking cessation becomes medically necessary."

While smoking is an independent risk factor, to state that psychotherapy for smoking cessation is medically necessary and should, therefore, be compensated lies in the face of reason. Granted, surgical outcome is likely to be better in a nonsmoker; however, it seems inappropriate to expect that Workers' Compensation fund services that are unrelated to the injury.

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 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)