

US Decisions Inc.

An Independent Review Organization
8760 A Research Blvd #512
Austin, TX 78758
Phone: (512) 782-4560
Fax: (207) 470-1085
Email: manager@us-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jan/09/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: individual psychotherapy sessions - 1 session per day x 6 sessions total

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., 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. It is the opinion of the reviewer that the request for individual psychotherapy sessions - 1 session per day x 6 sessions total is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 12/18/13, 11/19/13
Initial mental health evaluation dated 11/08/13
Lumbar MRI dated 04/09/13
Radiographic report dated 04/09/13
Follow up note dated 04/15/13
Appeal letter for individual counseling dated 11/18/13
Letter of medical necessity for functional capacity evaluation dated 12/11/13
Functional capacity evaluation dated 12/11/13
Note dated 06/12/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. The patient sustained a low back injury at this time. Initial mental health evaluation dated 11/08/13 indicates that the patient is currently taking Norco and Zanaflex. Mental status examination dated 11/08/13 indicates no gross thought disorder. He is alert and bright. The patient is not depressed and is mildly anxious. His cognitive functions are intact and intelligence is calculated average. Diagnosis is pain disorder associated with both psychological factors and a general medical condition. GAF is 65. Functional capacity evaluation dated 12/11/13 indicates that required PDL is very heavy and current PDL is medium.

Initial request for individual psychotherapy x 6 sessions was non-certified on 11/19/13 noting that the patient was released to regular duty in July 2013. The patient is working for a different employer in a supervisory position. The patient has been referred for an orthopedic consultation but that has not been performed yet. There is no evidence of significant

psychological issues. The claimant is working without restrictions. It is unclear what individual psychotherapy would address. The denial was upheld on appeal dated 12/18/13 noting that the claimant in this case has returned to work. He is not depressed and is said to be only mildly anxious. There is no further pain management or work hardening program taking place. There is no indication for the requested psychotherapy sessions.

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; however, there is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The submitted mental health evaluation dated 11/08/13 reports that the patient is not depressed and is only mildly anxious. There are no psychometric testing measures provided. Given the lack of significant psychosocial issues, it is unclear why a course of individual psychotherapy has been requested. The patient has been returned to work. As such, it is the opinion of the reviewer that the request for individual psychotherapy sessions - 1 session per day x 6 sessions total 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)