

C-IRO Inc.

An Independent Review Organization

1108 Lavaca, Suite 110-485

Austin, TX 78701

Phone: (512) 772-4390

Fax: (512) 519-7098

Email: resolutions.manager@ciro-site.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Dec/27/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Individual psychotherapy 1 x 4 weeks

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: PhD. Licensed in Psychology

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 Individual psychotherapy 1 x 4 weeks is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is xx/xx/xx. Individual psychotherapy treatment reassessment summary dated 11/01/13 indicates that the patient has completed 8 individual psychotherapy visits to date. Medications are listed as hydrocodone-acetaminophen, and Lidoderm patch. Diagnoses are listed as major depressive disorder, single episode, severe without psychotic features; and pain disorder associated with both psychological factors and a general medical condition. BDI increased from 24 to 28 and BAI from 9 to 15 since 09/19/13.

Initial request for individual psychotherapy x 4 sessions was non-certified on 11/07/13 noting that there is no documented objective or functional improvement with the individual psychotherapy rendered to date. BDI and BAI scores have increased as compared to the scores after 4 sessions. Medication use is unchanged and the patient has been off work. Reconsideration dated 11/18/13 indicates that the patient's increased Beck scales indicate progress because when she started individual psychotherapy she was very depressed but was unable to identify and talked about her feelings and tended to use denial and suppression as her primary defense mechanism. The denial was upheld on appeal dated 11/25/13 noting that the patient has had 8 sessions of psychotherapy to date with very limited progress with respect to anxiety and depression scores. By ODG guidelines there is insufficient progress to date to suggest that additional individual psychotherapy will yield a material benefit in this case.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has completed 8 individual psychotherapy visits and 4 biofeedback sessions to date. Per reassessment summary dated 11/01/13, the patient's medications are unchanged. The patient's Beck scales have increased. Despite a diagnosis of major depression, the patient has not been placed on

antidepressant medication. The Official Disability Guidelines note that the gold standard of treatment is a combination of individual psychotherapy and medication management. Additionally, the Official Disability Guidelines support ongoing individual psychotherapy only with evidence of objective functional improvement which is not documented in this case. As such, it is the opinion of the reviewer that the request Individual psychotherapy 1 x 4 weeks 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)