

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Mar/10/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

COSA Individual psychotherapy 6/wk X 8/wks

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

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization reviews dated 01/15/14, 02/07/14
Treatment progress report dated 12/20/13
Response to denial letter dated 01/17/14

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The patient was taken to the emergency room, received x-rays and was then released. Treatment progress report dated 12/20/13 indicates that medications include Lortab, Lodine, Gabapentin, Xanax and Ambien. The patient has been authorized for 12 individual psychotherapy visits to date. The patient's Beck Depression Inventory score increased from 16 to 26, and the patient's Beck Anxiety Inventory score increased from 51 to 55. Sleep Questionnaire score decreased from 63 to 61. FABQ-PA remained 24 and FABQ-W remained 42. Diagnoses are listed as pain disorder associated with both psychological factors and a general medical condition, and adjustment disorder with mixed mood and depressed mood.

Initial request for individual psychotherapy 6/wk x 8/wks was non-certified on 01/15/14 noting that the patient has undergone prior individual psychotherapy as well as chronic pain management program. Current evidence based guidelines support ongoing individual psychotherapy with evidence of objective functional improvement. The patient's Beck scales actually increased, and the patient's fear avoidance scales remained the same. Given the lack of significant improvement with individual psychotherapy completed to date, the request

is not medically necessary. Response to denial letter dated 01/17/14 indicates that the patient was discontinued from taking Ambien and Xanax and has been attempting to manage his emotional and sleep disturbance along with his pain levels. The denial was upheld on appeal dated 02/07/14.

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

The submitted records indicate that the patient has completed 12 sessions of individual psychotherapy. The Official Disability Guidelines Mental Illness and Stress Chapter indicates that up to 20 visits of individual psychotherapy are supported with evidence of symptom improvement. The submitted clinical records report that the patient's Beck Depression Inventory score increased from 16 to 26, and the patient's Beck Anxiety Inventory score increased from 51 to 55. Sleep Questionnaire score decreased from 63 to 61. FABQ-PA remained 24 and FABQ-W remained 42. Therefore, symptom improvement is not documented. As such, it is the opinion of the reviewer that the request for COSA individual psychotherapy 6/wk x 8/wks 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)