

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Mar/24/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Psychotherapy X 10 sessions

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 02/19/14, 01/30/14
Office visit note dated 10/28/13, 12/26/13, 11/25/13
Handwritten notes dated 11/22/13-02/13/14
Appeal letter dated 01/06/14

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. Note dated 10/28/13 indicates that the patient complains of stress/anxiety and difficulty sleeping. Testing measures dated 10/28/13 indicate MDI score is 26, CES 33, ZUNG-SDS 64, HAM-D 22, MADRS 22. BAI is 18. Note dated 11/25/13 indicates that the patient has had 2 sessions of individual psychotherapy. Note dated 02/06/14 indicates that the patient is responding well to half a dosage of sertraline. Patient reports less anxiety and depression, eating is improving and she is sleeping 6 hours per night now. Note dated 02/13/14 indicates that the patient is actually able to go out but not at night. Sleeping has improved.

Initial request for psychotherapy x 10 sessions was non-certified on 01/30/14 noting that the Official Disability Guidelines recommend an initial trial of 6 visits of psychotherapy and the patient has had 8 visits, which exceeds the trial. Per the guidelines, if there are signs of symptom improvement there could be 13-20 visits. The patient has not shown any improvement from visit to visit. She continued to have the same demeanor and complaints as her first day of psychotherapy. The denial was upheld on appeal dated 02/19/14 noting

that there does not appear to be any documented functional improvement to support the requested continuation of services. According to the treating physician on 01/28/14, the patient is still afraid of going outdoors and not functional outside the house.

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

The patient has completed 8 sessions of individual psychotherapy to date. The Official Disability Guidelines support an initial trial of individual psychotherapy, and with evidence of progress up to 13-20 visits are supported. The submitted records fail to provide documentation of any objective improvement. There are no updated psychometric testing measures provided. As such, it is the opinion of the reviewer that the request for psychotherapy x 10 sessions 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)