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IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 3/04/14

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Individual Psychotherapy 1x week x 6 weeks. CPT: 90837

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Physician Board Certified in Pain Management & Rehabilitation.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld	(Agree) <u>X</u>
Overtured	(Disagree)
Partially Overtured	(Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Preauthorization Request: 1/20/14
Denial Letter: 1/23/14
Reconsideration/Appeal: 2/03/14
Appeal Reply, 2/11/14
Clinical Notes include: Initial Behavioral Medicine Assessment, 1/13/14: (treating physician) (clinical supervisor). Assessment included: History of problem/treatment, medical & psychological history, changes related to injury, mental status/clinical observations, secondary problem area impacting recovery), treatment goals/objectives, vocational rehabilitation.
ODG (Official Disability Guidelines)

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female who had fallen at work in xx/xxxx. The injury to her right shoulder has been followed. The symptoms continued and, at a later date, she had a right shoulder MRI which was apparently positive for a tear. The patient underwent a reparative surgery in September, 2011. Post surgery, she completed a work hardening program along with physical therapy, and also a CPMP (Chronic Pain Management Program). Apparently, she continued working but recently was involved in a layoff and has since suffered distress concerning her financial hardships from the work layoff. She had recent behavioral medicine assessment (1/13/14) and the request for six psychotherapy sessions. This request has been denied by the reviewers.

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

Opinion

I agree with the benefit company's decision to deny the requested service.

Rationale

The initial denial, the appeal for reconsideration, and the second denial were reviewed. This patient was injured 3 and ½ years ago, had the reparative surgery over 2 years ago. Apparently, she was functioning and working until the recent layoff. She's had stress concerning the financial hardship since that time, but I do agree that this is not an indication for the requested psychotherapy sessions as per the ODG (Official Disability Guidelines) and the denials by the two reviewers.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)