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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Feb/21/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual psychotherapy 1 X a week X 4 weeks

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 review determination dated 01/10/14, 01/28/14
Reconsideration request dated 01/21/14
Initial clinical interview dated 12/19/13
Medical record review addendum dated 11/23/10, 04/22/11

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was involved in a motor vehicle accident when he rear-ended another vehicle. Medical record review addendum dated 11/23/10 indicates that a previous designated doctor evaluation reported impression was compensable injuries including cervical strain, lumbar strain and left knee strain. Treatment to date includes diagnostic testing, physical therapy, individual psychotherapy, lumbar epidural steroid injections, and medication management. It is noted that the patient's current signs and symptoms are totally out of context of his actual injury. Initial clinical interview dated 12/19/13 indicates that the patient completed 10 days in a work hardening program and 10 days in a pain program. He reports spinal cord stimulator implant in April 2011. Medications are listed as Effexor, Lyrica and Norco. The patient endorses both initial and sleep maintenance insomnia. BDI is 24 and BAI is 24. FABQ-W is 36 and FABQ-PA is 24. 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, chronic.

Initial request for individual psychotherapy 1 x a week x 4 weeks was non-certified on 01/10/14 noting that the patient tested positive for THC in 2012 and again recently, leading to referral for mental health evaluation. The report from that evaluation notes ongoing 7-10/10 pain. There is moderate self-reported psychological distress. The street drug use issues are not mentioned at all in spite of this being one of the reasons for the referral. There is no review of past therapy, what he was taught, whether or not he is using it, or if not what is interfering and how this will be addressed. There is no plan to address drug usage. Reconsideration dated 01/21/14 indicates that his last UA was positive. When the pain meds were not working well enough, he started smoking marijuana again after a period of not doing so. The denial was upheld on appeal dated 01/28/14 noting that there is no evidence that the patient has stopped smoking marijuana. The patient has not undergone a UA since December 2012. There is no indication that the patient has attended a 12-step program, which should be considered if this is the main goal of treatment.

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

The patient sustained injuries in xx/xxxx secondary to a motor vehicle accident. Per initial evaluation dated 12/19/13, the patient has undergone a prior course of individual psychotherapy as well as a work hardening program and chronic pain program, both of which contain a psychological treatment component. The patient's objective functional response to this treatment is not documented to establish efficacy of treatment. It is unclear whether the patient has participated in a 12-step program to address his marijuana use. As such, it is the opinion of the reviewer that the request for Individual psychotherapy 1 x a week 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:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES