

# True Resolutions Inc.

An Independent Review Organization  
500 E. 4th St., PMB 352  
Austin, TX 78701  
Phone: (214) 717-4260  
Fax: (214) 276-1904  
Email: rm@trueresolutionsinc.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Feb/21/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

12 sessions of Medical Group Psychotherapy

**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 01/16/14, 01/30/14  
Reconsideration request dated 01/24/14  
Specific and subsequent medical report dated 01/09/14, 10/02/13  
Psychiatric evaluation dated 08/13/13  
PPA and biofeedback baseline study dated 08/06/13  
Symptom inventory checklist dated 08/06/13  
BDI report dated 01/21/14  
Designated doctor evaluation dated 09/11/13, 12/13/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male whose date of injury is xx/xx/xx. On this date the patient fell. He injured his right knee. Psychiatric evaluation dated 08/13/13 indicates that he describes gross insomnia. He has frequent nightmares and crying spells twice daily. Diagnosis is posttraumatic stress disorder with severe depressive symptoms. Designated doctor evaluation dated 09/11/13 indicates that the patient has been treated with conservative care including physical therapy for 4 weeks that helped and injection x 1 that helped for a week. Diagnoses are closed head injury and right knee contusion. The patient was determined to have reached maximum medical improvement as of 06/25/13 with 0% whole person impairment. Designated doctor evaluation dated 12/13/13 indicates that right knee surgery is pending. Extent of injury is right knee contusion, anterior horn of lateral meniscus tear, closed head injury and posttraumatic stress disorder. Specific and subsequent medical

report dated 01/09/14 indicates that right knee pain persists from 5-10/10. Sleep has improved. He is somewhat less agitated and overwhelmed. Crying spells continue daily. Medications are listed as citalopram and trazodone. BDI report dated 01/21/14 indicates that score is 21.

Initial request for 12 sessions of medical group psychotherapy was non-certified on 01/16/14 noting that there is no comprehensive assessment of psychological treatment completed to date or the patient's response thereto submitted for review. There are no objective measures of improvement as a result of psychological treatment completed to date submitted for review. There are no specific, time-limited treatment goals provided. The denial was upheld on appeal dated 01/30/14 noting that the requested 12 sessions would not allow for an adequate reassessment of the patient to determine the efficacy. The only objective measurable testing scores other than the T-score was provided to support he has experienced significant improvement to support additional therapy. The number of sessions the patient has attended in total was not provided to determine whether the request exceeds guideline recommendations.

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

The patient was involved in a work-related accident on xx/xx/xx. Per psychiatric evaluation dated 08/13/13, diagnosis is posttraumatic stress disorder with severe depressive symptoms. The submitted records indicate that the patient has undergone some psychological treatment to date; however, the number of sessions completed to date and the patient's objective response are not provided. The Official Disability Guidelines support ongoing treatment only with evidence of improvement. Given the lack of documented efficacy of treatment, the request for additional group therapy is not supported. As such, it is the opinion of the reviewer that the request for 12 sessions of medical group psychotherapy is not recommended as medically necessary.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**