

# Pure Resolutions LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Feb/11/2014

**IRO CASE #:**

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

Individual psychotherapy 1 X wk X 4 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 review determination dated 01/21/14, 12/13/13  
Reconsideration dated 12/24/13  
Health and behavioral reassessment dated 10/07/13  
Behavioral health preauthorization request dated 12/04/13  
Request for active therapy dated 10/29/13  
Follow up note dated 10/17/13, 09/26/13, 07/02/13, 09/04/13  
Functional capacity evaluation dated 08/27/13  
Clinical interview dated 08/27/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was driving a truck in bad weather when a gust of wind blew his truck on its side. Clinical interview dated 08/27/13 indicates that compensable injuries include lumbar sprain/strain, cervical sprain/strain, shoulder sprain/strain and contusion on face/scalp/neck. Treatment to date includes diagnostic testing, steroid injection in his neck, physical therapy, and C5-6 cervical fusion on 02/28/13. BAI is 3. QIDS-SR16 is 2. Diagnosis is pain disorder associated with psychological factors. Health and behavioral reassessment dated 10/07/13 indicates that medications include Norco and Tramadol. BDI is 8 and BAI is 6. Diagnosis is pain disorder associated with both psychological factors and a general medical condition, chronic. Preauthorization request dated 12/04/13 indicates that the current request is for establishing a mental health impairment rating.

Initial request for individual psychotherapy 1 x wk x 4 wks was non-certified on 12/13/13 noting that the patient recently completed a chronic pain program. He was evaluated at the current facility in October 2013 for possible psychotherapy, but it was not ordered at that time. At that time he presented with minimal to mild mood and psychological symptoms but continuing pain and reduced functioning. Diagnosis was pain disorder associated with both psychological factors and a general medical condition. He was recently referred back for impairment rating evaluation for mental disorders which was in process. They are now requesting the psychotherapy recommended in October. At that time his symptoms were mild, and the treatment plan they propose consists of interventions he would have already received in the pain program. There is no clear indication he requires post program behavioral treatment at a new facility and no defined goals specific to his situation at this time. Reconsideration dated 12/24/13 indicates that the patient has not completed a pain program to their knowledge. The patient's mood is noted to be irritable and his affect was constricted. He expressed much anger when talking about the way he had been treated by the insurance company, his former employer and WC. The denial was upheld on appeal dated 01/21/14 noting that the patient had primarily fear avoidance symptoms and chronic use of pain medications. There continues to be no clear indication that the patient requires post-program behavioral treatment at any facility.

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

Per health and behavioral reassessment dated 10/07/13, the patient presents with minimal depression and anxiety. There is no indication that the patient has undergone psychometric testing with validity measures to assess the validity of the patient's subjective complaints. There is no indication that the patient has been referred for psychotropic medication evaluation. Clarification is needed regarding the patient's possible completion of a chronic pain management program. As such, it is the opinion of the reviewer that the request for individual psychotherapy 1 x wk x 4 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:**

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

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**