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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Apr/29/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Individual Psychotherapy 1x6

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: PhD, Licensed Psychologist

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. It is the opinion of the reviewer that the request for individual psychotherapy 1 x 6 is not recommended as medically necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is xx/xx/xx. The patient slipped on a wet floor and fell down hard, urinated from the fright, and injured her neck, thoracic spine, chest, tailbone, both hips, left knee and right shoulder. Initial behavioral medicine consultation dated 03/07/14 indicates that treatment to date includes MRI of the neck, x-ray of the left knee, 3 injections and 8 sessions of physical therapy. Medications are listed as amlodipine besylate, Gabapentin, ibuprofen, lisinopril, ranitidine and Simvastatin. The patient endorses both initial and sleep maintenance insomnia. BAI is 17 and BDI is 22. FABQ-W is 15 and FABQ-PA is 6. Diagnoses are major depressive disorder, single episode, moderate with anxious distress; and somatic symptom disorder, with predominant pain, persistent, moderate.

Initial request for individual psychotherapy 1 x 6 was non-certified on 03/21/14 noting that the patient is working full time regular duty, not taking significant medications and does not have elevated FABQ scores. The claimant does express depression, but it is not clear that this warrants individual psychotherapy in light of the recent certification for additional physical therapy. Reconsideration dated 03/26/14 indicates that patient has not been released to do full duty. She was given Lexapro. The denial was upheld on appeal dated 04/04/14 noting that the majority of the symptom complex is clearly orthopedic in nature. The patient continues to work, albeit on some restricted duty. Her BDI and BAI scores reflect mild to moderate pathology. It is not clear that there is any need for counseling at this time.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries on xx/xx/xx and has undergone a course of physical therapy. The submitted records fail to establish that the patient presents with significant psychological indications which have impeded the

patient's progress in treatment completed to date. The patient's fear avoidance scales are not elevated. As such, it is the opinion of the reviewer that the request for individual psychotherapy 1 x 6 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)