

# True Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

May/13/2014

### IRO CASE #:

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

6 reconsideration for additional individual psychotherapy, 2 times per month for 3 months as an outpatient for depression and anxiety due to knee injury

### 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:

#### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to his right knee. The discharge summary dated 02/24/12 indicates the patient having completed 20 sessions of a chronic pain management program. The note indicates the patient being compliant with all treatments and had remained motivated towards maximizing his results both physically and psychologically. The patient was able to perform a medium physical demand level; however, the patient's current physical demand level is rated as heavy. The note indicates the patient undergoing a psychological evaluation which revealed the patient's FABQ-P score as 17 and FABQ-W as 25 indicating increases. The patient's BAI score was 23 which was a significant increase compared to the previous score of 14. The patient's BDI score also increased by 5 points to 21. The patient has participated in 6 sessions of individual psychotherapy as well. The clinical note dated 03/06/14 indicates the patient able to cope to a much better degree with his daily living activities. The patient stated that he was more consistent with his behavior on adapting to his environment. The patient continued with 4+ to 5-/5 strength at the right knee. The letter of appeal dated 04/03/14 indicates the patient showing a continual gradual decrease in pain medications. However, the patient did continue with complaints of pain secondary to weather changes. The patient also reported a swelling and popping at the right knee. The note indicates the patient having high family stressors in place. The note indicates the patient having completed 12 individual psychotherapy sessions to date.

The utilization review dated 03/10/14 resulted in a denial for an additional 6 psychotherapy sessions as there was no information regarding an intensive, extended length treatment session.

The utilization review dated 04/14/14 indicates the patient demonstrating a lack of progress with previously rendered treatment to include 12 individual psychotherapy sessions as well as the completion of a chronic pain management program.

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

The documentation indicates the patient continuing with complaints of fear avoidance, depression, and anxiety. The clinical notes indicate the patient having completed 20 sessions of a chronic pain management program as well as 12 individual psychotherapy sessions. Additional individual psychotherapy would be indicated provided the patient meets specific criteria to include significant progress made through the initially rendered treatment. The discharge summary upon completion of a chronic pain management program indicated the patient showing increases in anxiety, depression, and fear avoidance. Given the lack of progress identified through the initial courses of treatment, it does not appear that individual psychotherapy would be appropriate for this patient at this time. As such, it is the opinion of this reviewer that 6 additional individual psychotherapy sessions 2 x per month for 3 months as an outpatient is not indicated.

**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**