

US Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: May/05/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: individual psychotherapy 6 sessions over 8 weeks

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., 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. It is the opinion of this reviewer that medical necessity for individual psychotherapy 6 sessions over 8 weeks is not established

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who initially presented with low back pain. The clinical note dated 10/10/13 indicates the patient having complaints of depressive symptomology. The note does mention the patient having undergone a functional capacity evaluation which was able to demonstrate a sedentary physical demand level. The note indicates the patient continuing with low back pain despite a number of treatments to include epidural steroid injections and physical therapy. The patient had also undergone individual psychotherapy which was completed in July of 2013. The note indicates the patient having some improvements with coping efforts. However, the patient had continued fears related to physical function and work capabilities. The patient reported being completely stressed and frustrated over her injury. The patient further indicated she did not see an end to her symptoms. The patient was recommended for a chronic pain management program at that time. The functional capacity evaluation dated 11/26/13 indicates the patient noted to demonstrate a sedentary physical demand level. The clinical note dated 12/21/13 indicates the patient having completed 10 chronic pain management program sessions to date. The patient was compliant with all therapy and was motivated to maximize her results both physically and psychologically. The patient indicated ongoing pain at the neck, shoulders, legs, and low back. The patient rated her pain as 6/10 at that time. The clinical note dated 02/22/14 indicates the patient having completed 20 chronic pain management sessions to date. The note indicates the patient having scored a 21 on the FABQ-PA exam and a 32 on the FABQ-W exam. The patient further indicated a 21 score on the BAI exam and a 21 on the BDI exam. These scores indicate the patient having moderate to severe findings in regards to her psychological status. The clinical note dated 03/14/14 indicates the patient being recommended for 6 individual psychotherapy sessions over 8 weeks.

The utilization review dated 03/12/14 resulted in a denial for additional psychotherapy as the patient had recently completed a chronic pain management program and the request presented as a repetition of treatment.

The utilization review dated 04/03/14 resulted in a denial as the request was a repetition of treatment in regards to 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 showing moderate to severe psychological findings in terms of anxiety and depression as well as fear avoidance. The patient has recently completed a chronic pain management program. Continued individual psychotherapy would be indicated provided the patient meets specific criteria to include a positive response to the previously rendered treatment. The clinical notes indicate the patient having previously undergone individual psychotherapy. However, taking into account the previous completion of 6 sessions of individual psychotherapy as well as a psychological component involving a chronic pain management program, it does not appear the patient is responding appropriately to treatment. It is the opinion of this reviewer that medical necessity for individual psychotherapy 6 sessions over 8 weeks is not established and the prior denials are upheld.

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)