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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Oct/14/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual psychotherapy 6 visits over 6 weeks

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Psychiatry

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] 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.

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male whose date of injury is xx/xx/xx. The patient sustained a low back injury. Initial diagnostic screening dated 09/05/13 indicates that the patient underwent x-rays, epidural steroid injections, EMG/NCV, MRI scan, medication management, rest-off work and physical therapy. At that time BDI was 30 and BAI was 25. Diagnosis is major depressive disorder, severe without psychotic features. Treatment progress report dated 06/17/14 indicates that the patient completed 6 sessions of individual psychotherapy. BDI decreased from 29 to 27 and BAI from 31 to 22. Treatment progress report dated 08/14/14 indicates that 6 additional sessions were completed. BDI decreased to 25 and BAI to 19. Medications are listed as Tramadol, Gabapentin, Nuvigil, Effexor XR, Elavil and Abilify.

Initial request for individual psychotherapy 6 visits over 6 weeks was non-certified on 08/27/14 noting that the patient has been authorized for a total of 30 sessions of individual psychotherapy since 09/24/13 for this injury. The requested additional visits in addition to the previously rendered psychotherapy visits sessions are more than recommended by the cited criteria. There was no evidence of significant ongoing progressive functional improvement from the previous psychotherapy visits documented in the records provided. A recent behavioral cognitive therapy evaluation note was not included in the records provided. Response to denial letter dated 09/12/14 indicates that the patient is awaiting cardiac clearance before he can proceed with surgery. The patient has been compliant throughout his treatment. The denial was upheld on appeal dated 09/19/14 noting that the patient has already received an excessive number of treatments and there is no indication/documentation of clinically meaningful, objective functional improvement. The

measurement of clinical progress with self-report psychometric instruments is not meaningful.

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

The patient has completed 30 individual psychotherapy visits to date. The Official Disability Guidelines support up to 13-20 visits of individual psychotherapy if progress is being made. There is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. There is no documentation of significant and sustained gains with individual psychotherapy completed to date. Therefore, efficacy of treatment is not established and ongoing individual psychotherapy visits are not medically necessary. As such, it is the opinion of the reviewer that the request for individual psychotherapy 6 visits over 6 weeks 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