

**P-IRO Inc.**

**An Independent Review Organization**

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**Date of Notice:** 12/29/2014

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**Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Psychiatry

**Description of the service or services in dispute:**

Repeat psychiatric diagnostic interview (1 hour) / psychological testing and individual counseling

**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)

**Patient Clinical History (Summary)**

The patient is a female whose date of injury is xx/xx/xx. Diagnoses are major depressive disorder, single episode, severe without psychotic features; posttraumatic stress disorder; and pain disorder associated with both psychological factors and a general medical condition. Individual psychotherapy note dated 02/04/14 indicates that BDI is 9 and BAI is 4. PTSD Checklist (PCL) is 48. Re-exam dated 10/21/14 indicates that the patient reports a slight worsening of her low back pain. She reports that she has been feeling a slight degree of improvement in her right knee. She relates having some distress, dreams and/or flashbacks of the traumatic incident. She was recommended to follow up regarding her psychological complaints.

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The initial request for repeat psychiatric diagnostic interview (1 hour)/psychological testing and individual counseling was non-certified on 11/12/14 noting that past treatment has included access to treatment in the form of the requested services, and additionally, past treatment has included access to individual counseling services. Reconsideration request dated 11/21/14 indicates that the patient has been recommended to participate in repeat psychiatric diagnostic interview and psychological testing for the specific purpose of establishing a psychiatric/psychological impairment rating. Her last intake was on 09/05/13; this information is noted to be outdated and does not reflect her current psychological distress. The denial was upheld on appeal dated 12/03/14 noting that the documentation submitted for review indicated the patient had been approved for 6 sessions of psychiatric treatment on 09/11/13. However, the documentation failed to provide details regarding previous treatment regarding the outcome of treatment. A clear rationale as to why a repeat evaluation and treatment was needed was not provided.

**Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.**

The patient was involved in a robbery on xx/xx/xx. There is no comprehensive assessment of psychological treatment completed to date or the patient's response thereto submitted for review. The patient's current medication regimen is not documented. The request for individual counseling is premature pending completion of diagnostic interview and testing. The requested counseling is nonspecific and does not indicate the frequency and duration of requested treatment. Given the current clinical data, the request is not in accordance with the Official Disability Guidelines and medical necessity is not established. As such, it is the opinion of the reviewer that the request for repeat psychiatric diagnostic interview (1 hour)/psychological

testing and individual counseling 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 and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
  
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)