

September 8, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Medical Necessity of 4 sessions of Individual Psychotherapy

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

The physician performing this review is Board Certified, American Board of Psychiatry and Neurology and has been in practice since 1992 and is licensed in the State of Texas. Also a Member of: NADD National Association for the Dually Diagnosed, American Medical Association, Brain Injury Association of America and American Neuropsychiatric Association

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 of the health care services in dispute.

Upon independent review, the physician finds that the previous adverse determination should be ~ Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is an individual who sustained an injury. The patient reached out to catch an individual with the left arm. Patient was diagnosed with somatic symptom disorder with pre-dominant pain, persistent, severe and anxiety disorder not otherwise specified. Prior treatments included psychotherapy, medications, and 10 days of work hardening. The patient had rhizotomy procedure and 2 epidural steroid injections. According to the Updated Behavioral Medicine Assessment dated 06/16/15, there was neck pain that radiated to the right shoulder. It was a constant burning and stabbing aches. It was rated 8/10. It was 10/10 at worst and

The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205
Phone: 888-950-4333 Fax: 888-9504-4443

8-9/10 at average. The symptoms had had a negative impact on a wide range of life functions including personal, family, social, and occupational activities. The level of interference pain had on recreational, social, and familial activities was scored 10/10. The pain interference with normal activities was 9/10 and change in ability to work at 10/10. The patient rated the level of overall functioning in life prior to the injury at 100 percent and rated the current level of functioning at 45 percent. The irritability restlessness, nervousness and worry, and sadness and depression was 8/10, frustration and anger was 10/10, muscle tension was 9/10, and sleep problems and forgetfulness was 2/10. On examination, the mood was elevated while the affect was expansive. The Beck depression inventory-II (BDI-II) was 19, indicating mild depression. The Beck anxiety inventory (BAI) was 25, indicating moderate anxiety.

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

Based on the records provided, I find that the previous adverse determination should be upheld. ODG Criteria not met, and patient tested positive for tetrahydrocannabinol (THC) and claims to be using it for the treatment of pain against the treating doctor's orders

Screening Criteria and Treatment Guidelines : ODG Mental Illness & Stress (updated 03/25/15)-ONLINE VERSION

Cognitive behavioral therapy (CBT)

ODG Psychotherapy Guidelines:

- Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made.

(The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) - In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made.

The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205
Phone: 888-950-4333 Fax: 888-9504-4443

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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)