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***An Independent Review Organization***

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***Notice of Independent Review Decision***

***Case Number:***

***Date of Notice:*** 05/06/2016

***Review Outcome:***

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

Pm&r And Pain Medicine

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

Congitive Therapy 3 X wk X 8 wks

***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 male, who reported an injury on XX/XX/XX. The mechanism of injury was noted to be a motor vehicle accident. According to the clinical note dated XX/XX/XX the patient was seen in the neurology clinic with complaints of headaches, dizziness, blurry vision, and right eye pressure. Since the injury, the patient had been having multiple neurologic as well as a non-neurologic complaints. He also had complaints of back pain, shoulder pain, and had a left clavicular fracture. The patient also stated he had been having paresthesia which radiated down both legs, and was noted to be taking medications for these complaints. At the time of the motor vehicle crash, the patient stated he did bump his head and had some superficial injuries on the right side of his head and had a hematoma. The patient's wife also stated his memory was not the same. According to the psychiatric evaluation, the patient had complaints of depression, headaches, nervousness, stress, and difficulty concentrating. The patient presented with an MRI, which showed no evidence of aneurysm, intracranial injuries, bleeding, nor acute intracranial process. The patient's treatment plan included the start of Cymbalta 30 mg twice a day and to return to cognitive therapy. A request has been submitted for cognitive therapy 3 times a week times 8 weeks.

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

The Official Disability Guidelines state, psychotherapy is recommended up to 13 to 20 visits over 7 to 20 weeks if progress is being made. In cases of severe major depression or PTSD, up to 50 sessions if progress is being made. The documentation submitted for review indicated the patient continued to have complaints of

headaches, dizziness, blurry vision, and right eye pressure. He also had complaints of depression, nervousness, stress, and difficulty concentrating. It was noted the patient was to return to cognitive therapy. However, details regarding previous cognitive therapy were not provided, such as number of sessions completed to date and objective functional improvement made. Therefore, the request for additional therapy would not be supported. Also, the patient was not shown to have severe major depression or PTSD to warrant an excessive amount of cognitive therapy. The request for an additional 24 sessions of top of the previously completed cognitive therapy would exceed the guidelines. Therefore, exceptional factors would not be needed to warrant additional therapy that would exceed the recommended 20 visits. Given the above issues, the request for cognitive therapy 3 times a week times 8 weeks is non-certified and the previous determination is upheld.

***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 AHCPH-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)