

Magnolia Reviews of Texas, LLC

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1/8/2018

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy x 6 sessions

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

Board Certified Psychiatry

REVIEW OUTCOME:

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

☒ Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a XXXX with history of an occupational claim from XXXX. The mechanism of injury was detailed as XXXXX. The current diagnoses are documented as low back strain/sprain, adjustment disorder with anxiety and depressed mood, and post manic stress disorder. The appeal letter from XXXX noted that the patient has remained compliant in attending his medical and counseling appointments. The patient's Worker's Compensation benefits discontinued on XXXX causing significant disruption in his financial income/economic status. As a result, the patient exhibited significant agitation, distress, anxiety, depression and sleep disturbance concerns but primarily due to his injuries, ongoing pain symptoms medical treatment for conditions or surgery. The psychological stressors mentioned have caused the patient to experience family problems/interpersonal relations distress which are having an adverse impact on his mental state. The patient also continues to see a psychiatric nurse practitioner for psychotropic medications. The patient self-report measures did improve since the last TPR in XXXX however they do remain elevated as XXXX continues under significant amount of medical care. The patient has shown mild improvement in symptoms and depression but expresses anxiety as XXXX fears moving forward with lumbar surgery. Additional

psychotherapy is recommended to support and address medical treatment concerns, psychosocial needs per social/case management support and to further assist with ongoing anxiety, depression, sleep and pain scores. The therapist will continue exploring alternative techniques to manage pain and stress problem-solving, physical limits, and social engagement with peers and family. The patient will be encouraged to implement healthy medication skills to increase his utilization of social support and be more understanding treatment. The patient continues with new psychosocial stressors related to economic status and ongoing medical treatment recommendations. The patient has completed 20 individual counseling sessions to date.

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

The Official Disability Guidelines note that up to 13–20 visits of psychotherapy is recommended. In cases of severe major depression or post-traumatic stress disorder, up to 50 sessions may be provided if progress is being made. The documentation indicated that the patient's pain experience scale has had a decrease from 106.5 to 104. The patient's Beck Depression Inventory score was 35 which decreased from 37. The patient's Beck anxiety inventory score decreased from 52-49. The patient has completed 20 previous psychotherapy sessions. The documentation indicates that the patient does have depression as well as posttraumatic stress disorder. The patient has had improvement with previous psychotherapy. Therefore, the request for individual psychotherapy ×6 sessions is medically necessary.

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

- ☐ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES, Treatment Index, 15th Edition (web), 2017, Mental Illness & Stress, PTSD psychotherapy interventions**