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Notice of Independent Review Decision

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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: X

IRO CASE #: X

**DESCRIPTION OF THE SERVICE OR SERVICES IN
DISPUTE**

X.

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

X
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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. X.

PATIENT CLINICAL HISTORY [SUMMARY]:

This member is a X for whom coverage was requested for X. The Carrier denied coverage for these services on the basis that this service is not medically necessary for treatment of the member's condition.

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

The X explained that the member was involved in a fatal motor vehicle accident, subsequently developing X. Medications include X as needed for X. Psychotherapy progress notes between X. X was reported as improved on medications and with X. An assessment letter from the provider dated X indicated that the member has been in X since X. X symptoms include X. Other findings are X. and X with onset and maintenance difficulties. The member's mood is X. Recommendations included continued X. The request for authorization was for X.

The X indicated that the Official Disability Guidelines' (ODG) criteria states that up to X is appropriate 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 X. X should be considered first-line treatment for active-duty military personnel with X. Pharmacological treatments seem to be less effective and should only be considered or added as a second-line option. Regardless of types of exposure, providers should explain to all patients with X.

The X noted that in this case, the member has been in X since X. The ODG recommends up to X. Per the ODG, time focused X is recommended in X, if progress is being made. In this case, it is not clear how many sessions the member has received however

X has been in treatment since X with at least X. The progress notes show X. Notes also show that the member has reported X. A letter from the provider dated X shows X. The member's symptoms are not described in terms of X. Notes do not delineate significant changes/improvement in core X. Provision of an additional X.

Therefore, I have determined that coverage for X is not medically necessary for treatment of this member's condition. An X would be medically necessary at this point.

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**
- AHRQ-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: PSYCHOTHERAPY FOR POST-TRAUMATIC STRESS DISORDER, MENTAL ILLNESS AND STRESS**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION):**

**OTHER EVIDENCE BASED, SCIENTIFICALLY
VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A
DESCRIPTION)**