

**Maximus Federal  
Services, Inc. 807 S.  
Jackson Rd., Suite B  
Pharr, TX 78577**

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**Tel: 888.866.6205 ♦ Fax: 585.425.5296 ♦ Alternative Fax:  
888.866.6190**

## **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 case concerns a X who has requested X. The Carrier denied this request on the basis that these services are not medically necessary for treatment of the member's condition.

The member's treating provider wrote a letter in support of this request. It noted that the member may be outside of Official Disability Guidelines, however it is stressed that X has not had a

lot of medical care due to returning back to work in the same field X got injured in as an X. It explained that this has caused an increase in symptoms regarding not being able to be as successful performing expected work duties as X once was. It noted that the member has been unable to attend medical appointments due to X work schedule as X is wanting to maintain work. It further noted that the member requires continued emotional support. It indicated that most recently on X, it was noted that the member is taking X. It explained that the X. It noted that the member has a X and X resulting from X injury date of X.

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

The Maximus physician consultant indicated that the member sustained an injury on X and is X. Diagnoses include depression, attention-deficit hyperactivity disorder (ADHD), pain, and insomnia. Medications include X.

The Maximus physician consultant noted that in X follow up on X the member reported being X. The member X. Affect was labile. A progress note of X showed X. Pain was worsened with activity, and MRI showed a X. On X, the member noted X. The member was interested in X. Pain was rated as X to X. Testing showed X. Psychotherapy notes reviewed through X showed X. The utilization review dated X non-certified the request for X. In an appeal letter of X, the provider indicated that they were unable to complete the peer to peer on time, and that the member was noted to have not had a lot of medical care due to returning

to work in the same field, causing increased fear avoidance. The member had X. The member continued to X.

The Maximus physician consultant indicated that per the Official Disability Guidelines (ODG), for X. ODG Psychotherapy Guidelines state that: Up to X to X is recommended 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. It is also recommended in cases of X.

The Maximus physician consultant noted that the member suffers from X. The member has had X. Testing showed X. Psychotherapy notes reviewed through X showed consistent reports of X. The utilization review dated X non-certified the request for X. In an appeal letter of X the provider indicated that they were unable to complete the peer to peer on time, and that the member was noted to have not had a lot of medical care due to returning to work in the same field, causing increased X. The member had X.

The Maximus physician consultant indicated that ODG psychotherapy guidelines are for X. Documentation provided does not indicate improvement after X given that the member continued to report the same symptoms. With this number of treatments, the member would have acquired skills to cope with X symptoms. Documentation does not support this request. Therefore, the request for X is considered not medically necessary or appropriate.

Therefore, the requested X is not medically necessary for the treatment of the member's condition.

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**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:**  
Official Disability Guidelines: 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**

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