

**Independent Resolutions Inc.
An Independent Review Organization
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***Notice of Independent Review Decision
Amendment X
Amendment X***

IRO REVIEWER REPORT

Date: X; Amend X; Amend 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:

Overturned Disagree

Partially Overturned Agree in part/Disagree in part

Upheld Agree

Independent Resolutions Inc.
Notice of Independent Review Decision

Case Number: X

Date of Notice: X; Amend X; Amend X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X suffered a head injury while working for the X when X was doing X. X described the injury as a X. The diagnoses were traumatic brain injury, posttraumatic stress disorder, depression, and anxiety.

On X, X was seen by X, PsyD, for X This was last visit of the sessions (X). X was referred to X due to a X accompanied by a head injury on X. Post-injury symptoms included X. Post-injury treatment had included surgical procedures such as a X. IPT sessions would focus on decreasing symptoms and monitoring progress and maintenance as they begin to ween off treatment. X presented for termination of session. Mental status examination revealed X appearance was clean and neat / well groomed. X was attentive and cooperative. X was X. On assessment, it was an in-person session. X was provided with limits of confidentiality. X was provided a therapeutic space to allow the X to express presenting symptoms and to continue therapeutic rapport. This was the last scheduled session. X

Independent Resolutions Inc.
Notice of Independent Review Decision

Case Number: X

Date of Notice: X; Amend X; Amend X

completed a post-Beck Anxiety Inventory (BAI) and Beck Depression Inventory-II (BDI-II). In the BAI, X endorsed a score of X which indicated mild anxiety. In the BDI-II, X endorsed a score of X which indicated severe depression. Comparing the BAI and BDI-II pre / post scores, the results indicated no significant change in X anxiety symptoms; however, X depressive symptoms had shown minimal improvement. After reviewing the results from the pre / post inventories, X reported that X had helped X to express X feelings and process X thoughts. X shared that even though therapy helped, X decided that X wanted to continue with X, but wanted to focus on addressing X posttraumatic stress disorder (PTSD) symptoms. X wanted to learn new coping strategies to decrease X PTSD symptoms. Dr. X reflected on termination of sessions and discussed maintenance plan. X was encouraged to continue utilizing the tools that X had learned throughout these past sessions.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, PhD, the request for X was denied. Rationale: “The Official Disability Guidelines recommend X as a first-line intervention for those with posttraumatic stress disorder. Up to X visits may be indicated if progress is being made, and up to X for severe depression and/or PTSD. This request cannot be authorized. The

Independent Resolutions Inc.
Notice of Independent Review Decision

Case Number: X

Date of Notice: X; Amend X; Amend X

claimant was under care for X complaints for which X would be reasonable. A prior request for X was noncertified in review X on X due to lack of documentation of functional improvements from the previous sessions. However, the claimant had completed at least X with unclear benefit. Given the questionable response to X, the requested duration is excessive. Texas regulations do not allow for partial certification or modification of reviews. The request for X is noncertified.”

Per a reconsideration / utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: “The Official Disability Guidelines recommend X as a first-line intervention for those with posttraumatic stress disorder. Up to X visits may be indicated if progress is being made, and up to X for severe depression and/or PTSD. It appears that the prior non-certification was appropriate. While the claimant reports PTSD and depression, the claimant has had X, and the progress made was not made clear. This request far exceeds the cited guideline recommendations. No additional information was provided that supports this quantity of care at this time. This jurisdiction does not allow for modifications. Based on this, the prospective request for X is non-certified.”

Request for X. The diagnosis identified as depression and PTSD related, though official diagnosis was not identified in records.

Independent Resolutions Inc.
Notice of Independent Review Decision

Case Number: X

Date of Notice: X; Amend X; Amend X

The Official Disability Guidelines recommend X as a first-line intervention for those with posttraumatic stress disorder. Up to X visits may be indicated if progress is being made, and up to X for severe depression and/or PTSD. It appears that the prior non-certification was appropriate. Therapy notes included X session notes. Development of coping skills and responding to intrusive thoughts was identified, though no specific course in therapy to obtain these skills was identified. Notes appeared to focus on past traumas, including childhood and work-related traumas. Identified X rounds of assessment of depression and anxiety (BAI and BDI) and scores increased from X to X on both measures. A letter from the Claimant also included clarification of the X sessions with X current provider as not helpful and potentially exacerbated X symptoms/trauma. Based on these factors, an X is non-certified with the current provider, as the current provider has not been identified as therapeutic to the claimant's current maladies. Prospective request for X is not medically necessary and non-certified

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

Request for X. The diagnosis identified as depression and PTSD related, though official diagnosis was not identified in records. The Official Disability Guidelines recommend X as a first-line

Independent Resolutions Inc.

Notice of Independent Review Decision

Case Number: X

Date of Notice: X; Amend X; Amend X

intervention for those with posttraumatic stress disorder. Up to X visits may be indicated if progress is being made, and up to X for severe depression and/or PTSD. It appears that the prior non-certification was appropriate. Therapy notes included X session notes. Development of coping skills and responding to intrusive thoughts was identified, though no specific course in therapy to obtain these skills was identified. Notes appeared to focus on past traumas, including childhood and work-related traumas. Identified X rounds of assessment of depression and anxiety (BAI and BDI) and scores increased from X to X on both measures. A letter from the Claimant also included clarification of the X sessions with X current provider as not helpful and potentially exacerbated X symptoms/trauma. Based on these factors, an X is non-certified with the current provider, as the current provider has not been identified as therapeutic to the claimant's current maladies. Prospective request for X is not medically necessary and non-certified

Upheld

Independent Resolutions Inc.
Notice of Independent Review Decision

Case Number: X

Date of Notice: X; Amend X; Amend X

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

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- TMF SCREENING CRITERIA MANUAL
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- MILLIMAN CARE GUIDELINES
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- INTERQUAL CRITERIA
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

Independent Resolutions Inc.
Notice of Independent Review Decision

Case Number: X

Date of Notice: X; Amend X; Amend X

- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE