

**STATE OF MICHIGAN**  
**DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES**  
Before the Director of the Department of Insurance and Financial Services

In the matter of:

**Terry Bradford**  
**Petitioner**

v

**File No. 21-1280**

**Citizens Insurance Company of America**  
**Respondent**

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**Issued and entered**  
**this 1<sup>st</sup> day of October 2021**  
**by Sarah Wohlford**  
**Special Deputy Director**

**ORDER**

**I. PROCEDURAL BACKGROUND**

On August 17, 2021, Terry Bradford (Petitioner) filed with the Department of Insurance and Financial Services (Department) a request for an appeal pursuant to Section 3157a of the Insurance Code of 1956 (Code), 1956 PA 218, MCL 500.3157a. The request for an appeal concerns the determination of Citizens Insurance Company of America (Respondent) that the Petitioner provided to an injured person treatment that was not medically necessary under Chapter 31 of the Code, MCL 500.3101 to MCL 500.3179.

The Respondent issued to the Petitioner a written notice of the Respondent's determination under R 500.64(1) on May 27, 2021. The Petitioner's appeal is based on the denial of a bill pursuant to R 500.64(3) which allows a provider to appeal to the Department from the denial of a provider's bill.

The Department accepted the request for an appeal on August 17, 2021. Pursuant to R 500.65, the Department notified the Respondent and the injured person of the Petitioner's request for an appeal on August 17, 2021 and provided the Respondent with a copy of the Petitioner's submitted documents. The Respondent filed a reply to the Petitioner's appeal on September 1, 2021.

The Department assigned an independent review organization (IRO) to analyze issues requiring medical knowledge or expertise relevant to this appeal. The IRO submitted its report and recommendation to the Department on September 9, 2021.

## II. FACTUAL BACKGROUND

This appeal concerns nine psychotherapy sessions between February 16, 2021 and April 27, 2021.

The Petitioner, a psychotherapist, submitted progress notes from the therapy sessions. In the appeal request, the Petitioner stated that the Respondent's review only included selected portions of a neuropsychological review which gave an inaccurate picture of the injured person's condition. The Petitioner states that doctors who have examined the injured person have concluded that he still requires weekly "intervention and counselling."

In its reply, the Respondent stated that the Petitioner's notes "do not offer clear information regarding the specific symptoms being addressed or the modality used." The Respondent stated that, in order to be approved for coverage, the Petitioner's claims should include a clear treatment plan specifying goals, methods, measurement of efficacy, and duration. The Respondent's conclusion was that the treatment in question was not medically necessary.

## III. ANALYSIS

Under MCL 500.3157a(5), a provider may appeal an insurer's determination that the provider overutilized or otherwise rendered inappropriate treatment, products, services, or accommodations, or that the cost of the treatment, products, services, or accommodations was inappropriate under Chapter 31 of the Code. This appeal involves a question of medical necessity.

The Director assigned an IRO to review the case file. The IRO reviewer is a board-certified neuropsychologist in active practice for fifteen years. In the report, the IRO reviewer referenced R 500.61(i), which defines "medically accepted standards" as the most appropriate practice guidelines for the treatment provided. These may include generally accepted practice guidelines, evidence-based practice guidelines, or any other practice guidelines developed by the federal government or national or professional medical societies, board, and associations. In preparing the IRO report, the reviewer relied on *ODG Psychotherapy Guidelines*.

The IRO reviewer noted that the injured person was diagnosed with diffuse traumatic brain injury with loss of consciousness, anxiety disorder, and mild neurocognitive disorder. The IRO reviewer stated:

According to the provider, impressions noted deficits in attention, concentration, verbal learning, verbal problem solving, impulsivity, and verbal fluency with moderate risk for compromises in financial decision making. Upon review, despite minimally descriptive mental status exams, claimant and provider report is consistent and deficits are widely apparent on the valid neuropsychological assessment, which warrants the psychotherapy dates in question as medically necessary.

The reviewer recommended that the Director reverse the insurer's denial of coverage.

#### IV. ORDER

The Director reverses the Respondent's determination dated May 27, 2021.

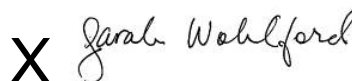
The Petitioner is entitled to payment in the full amount billed and to interest on any overdue payments as set forth in Section 3142 of the Code, MCL 500.3142. R 500.65(6) The Respondent shall, within 21 days of this order, submit proof that it has complied with this order. This order is subject to judicial review as provided in section 244(1) of the Code, MCL 500.244(1).

This order applies only to the treatment and dates of service discussed herein and may not be relied upon by either party to determine the injured person's eligibility for future treatment or as a basis for action on other treatment or dates of service not addressed in this order.

This is a final decision of an administrative agency. A person aggrieved by this order may seek judicial review in a manner provided under Chapter 6 of the Administrative Procedures Act of 1969, 1969 PA 306, MCL 24.301 to 24.306. MCL 500.244(1); R 500.65(7). A copy of a petition for judicial review should be sent to the Department of Insurance and Financial Services, Office of Research, Rules, and Appeals, Post Office Box 30220, Lansing, MI 48909-7720.

Anita G. Fox  
Director  
For the Director:

 Recoverable Signature



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Sarah Wohlford  
Special Deputy Director  
Signed by: Sarah Wohlford