

REVIEWER'S REPORT

DATE OF REVIEW: 04/10/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Six sessions of chronic pain and psychological services

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine Rehabilitation, Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Request for chronic pain and psychological services from 05/15/06 through 01/23/07
2. Psychological evaluation from 05/15/06 recommending 6 sessions of psychological counseling for depression and anxiety from the MA,LPC.
3. The results of 5 out of 6 sessions of counseling offered from 9/22/06 through 10/16/06
4. Results of TPE evaluation of 11/09/06 performed by O.T.R.
5. Report dated 02/07/06
6. Retrospective Peer Review Analysis of 02/01/07
7. Report from chiropractor, dated 02/28/07
8. Report dated 11/28/06
9. Additional interdisciplinary pain counseling notes on 12/04/06, 12/05/06, 12/06/06, 12/07/06, and 12/08/06
10. Results of chronic pain daily activity reports from December 2006

11. Additional counseling notes dated 12/27/06 and 12/29/06
12. Physical/Functional Progress Report for weeks 1, 2, 3, and 4 (12/04/06 through 01/05/07)
13. Additional counseling notes throughout the aforementioned treatment program

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is a female who was involved in a work-related motor vehicle accident, reportedly sustaining injuries to her neck and back. The consensus in the records appears to support that she had an exacerbation of a pre-existing condition that should have subsided within 3-6 months following this accident. There is, however, ongoing medical management that has taken place since then including chronic pain management. She has had epidural steroid injections and exposure to physical therapy as well as various pharmaceutical agents in the past.

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

The injured employee is at maximum medical improvement and able to function at a light category per her recent clinical assessment. She is on medications for her depression, that being Effexor 150 mg twice daily. She was on this medication when she had a psychological assessment on 05/15/06.

I do not believe that she would benefit from a chronic interdisciplinary pain management program for the time frame in which the program was administered as noted above, specifically the psychological counseling that took place beginning 09/22/06 as well as that psychological counseling that was administered in concert with the multidisciplinary chronic pain program in December 2006 and January 2007. She should be independent with a home therapy program after this long period of time. Her depression and anxiety can be treated as an outpatient with medications and physician involvement but does not require the intensive program that had been recommended and has been implemented.

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

(Check any of the following that were used in the course of your review.)

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPR-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.

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- 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.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)