

Independent Resolutions Inc.

An Independent Review Organization

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DATE OF REVIEW:

8/21/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual Psychotherapy 1 x 6 from 7/6/07-10/5/07

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

Licensed Psychologist

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

History and Physical note of of 2/2/4/07 by Dr. DO

Initial psychological evaluation of 3/2/07 by Dr.

Office note of 3/10/07; Dr.

Office note of 3/24/07; Dr.

Office note of 4/25/07; Dr.

Treatment summary note of 6/11/07;

Office note of 7/18/07; Dr.

Letters of denials, July 25, 2007 and July 9, 2007

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on the job while driving a defective rock crusher, which was jarring him. He sustained neck and back injuries, eventually receiving diagnoses of cervical and lumbar displaced disk. MRI results had revealed a small disc protrusion at L5-S1 and EMG was negative for

radiculopathy. He has received physical therapy, LESI's x 2 and work hardening program, none of which helped with his pain or overall reported functioning. He has been referred for a surgical consult and placed on Skelaxin and Ultram ER. Patient was referred for, and received, an initial psychological evaluation on 3/2/07. He was seen for 4 approved individual psychotherapy sessions, also with no significant improvements in functioning

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

Patient was approved for individual psychotherapy 1x4 based on an initial eval dated 3/2/7. The final treatment note (session 4 of 4) is dated 6/11/07, and is the only treatment note available for review. It is unclear why the patient showed a negative response to the individual therapy, other than a remark about patient's increased focus on his physical well being and financial stability.

Over the course of therapy, depression scores increased from WNL's to the severe ranges, as did anxiety scores. The only measure that showed improvement was sleep duration. This makes some sense, since the intervention treatment strategy employed was hypnotherapy/relaxation training. However, the primary stated goals from the initial eval were to "decrease perception of disability and generally pessimistic attitudes". There was no indication these goals were specifically addressed, and no pre or post testing to establish baselines and overall response to treatment.

ODG recommends cognitive therapy for depression, stating that "the gold standard for the evidence-based treatment of MDD is a combination of medication (antidepressants) and psychotherapy." After a careful review of all medical records, these techniques were not employed and patient still has not been evaluated for a trial of antidepressant medication. More sessions can only be recommended with evidence of objective functional improvement, which has not occurred in this case.

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
- 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
- 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)