

Independent Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: 08/23/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic pain management program 5 x 2 weeks

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

Licensed Clinical 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

8/31/06	RME note by Dr., MD
8/25/06	Office notes dictated by
8/28/06	Office notes dictated by
8/30/06	Office notes dictated by
6/5/07	FCE report by, DC
6/5/07	Initial psychological evaluation by, LPC
6/15/07	Denial letter by, PhD
6/20/07	Examination Findings Report by, MD
7/5/07	Request for appeal letter by, LPC
7/17/07	Denial letter by, PsyD

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year-old male who was injured performing his job duties as a for Airlines. On xx/xx/xx he sustained a left knee injury while in the process of removing a casket from an airplane. Patient reports, as he was managing the casket, he put his knee down to lift and turn the casket, and felt immediate pain. He began treatment with his chiropractor, eventually receiving a diagnosis of left knee strain/sprain. MRI results revealed a large cystic structure in the knee, with no associated meniscal tear, and patient received arthroscopic knee surgery on July 26, 2006.

Patient underwent a course of post-surgical physical therapy and a work hardening program, and returned to light duty work on 9/06, and possibly to full duty work on 1/29/07, although it is difficult to tell by the records for review. Patient then went off work again on 5/5/07 due to reported constant burning in the knee and migraine headaches, which have since resolved with steroid injection to the neck. Results of FCE done 6/5/07 show the patient to be currently functioning at a Heavy PDL, although he fatigues easily and endurance is therefore below normal. Results of psychological testing show patient to be experiencing mild depression and anxiety, poor sleep, low libido, and stress-related headaches. It also reports poor coping skills, difficulty dealing with negative emotions, and distorted cognitive beliefs, although there is no testing given to support this conclusion. Patient is currently prescribed Celebrex, Skelaxin, and Cymbalta, which he is taking, along with OTC Advil. He has also been prescribed Ultram, presumably for pain, which the report states he is not taking, although it does not say why.

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

Although it is obvious that this man is a dedicated worker and has rehabilitated to a Heavy (from a light) PDL, and has attempted to return to work, he still requires assistance in maintaining a job. Reports state that he was doing well after his surgery and post-surgical rehab, and that he responded well to work hardening before returning to work.

The patient has worked at this job for 15 years, and has sustained another injury prior to this one. In this case, conservative psychological care has not been exhausted, and per the patient's current test scores and mental status exam, this is the level of care that is warranted. It is important that this be undertaken to deal with the mild depressive and anxious symptoms, as well as giving him some cognitive-behavioral pain coping skills. Relaxation training would be a good adjunct for the stress and associated headaches. Transitional return to work issues should be addressed.

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.” This combination has not been employed, but is appropriate, according to the records available for review. A higher level of care 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)**