C-IRO, Inc.
An Independent Review Organization
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DATE OF REVIEW: **8/10/07**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Individual psychotherapy, once weekly for four weeks

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
LICENSED MASTER SOCIAL WORKER, LICENSED IN TEXAS, FIVE (5) YEARS EXPERIENCE IN PSYCHIATRIC HOSPITAL SETTING, INCLUDING ADULT ACUTE CARE, PSYCHIATRIC INTENSIVE CARE, CHEMICAL DEPENENCY, AND CHILDREN & ADOLESCENT UNITS; ASSESSMENT, INDIVIDUAL, FAMILY AND GROUP THERAPY.

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
Notification of case assignment
letters of denial (6/4 & 7/2/07)
Evaluation and treatment goals, by Lpc (5/11/07)
healthcare therapy treatment plan (3/14/07)
healthcare progress notes of physical therapy (3/14/07 - 5/18/07)
healthcare systems examination and re-evaluations (3/13/07, 4/5/07, & 4/9/07)
four (4) Examination findings by Dr. (3/07 thru 4/07)
Physical performance exam (4/30/07) by Dr.
Imaging Study (3-13/07)
Electrodiagnostic results (4/5/07)

PATIENT CLINICAL HISTORY [SUMMARY]:
THE PATIENT IS A MALE, WHO ON XX/XX/XX, WAS INJURED AT HIS PLACE OF EMPLOYMENT. HE WAS EMPLOYED BY THE ASSIGNED TO THE. WHEN MOVING BREAD PANS FROM ONE RACK TO ANOTHER, HE SLIPPED AND FELL ON TO A CONVEYOR BELT. HE ATTEMPTED TO BRACE HIS FALL IN THE CONVEYOR BELT WITH HIS FOREARMS, LANDED DIRECTLY ON THE FOREARMS, AND HIT HIS HEAD ON THE BASE OF THE JOINING RACK, HURLING PANS ON TO HIS NECK. HE REPORTS IMMEDIATELY FEELING

PAIN AT THE BASE OF HIS NECK RADIATING INTO BILATERAL UPPER EXTREMITIES.

His assessment by his treating doctor was:

1. Cervical sprain/strain with radiculitis
2. Cervicogenic headaches
3. Thoracic sprain/strain with radiculitis
4. Bilateral elbow medial and lateral epicondylitis
5. Left carpal tunnel syndrome
6. Bilateral wrist sprain/strain
7. Left hand contusion with second and third compartment carpal tunnel tenosynovitis.

The recommendations of his Examination Findings of 4/30/07 were to continue aggressive active kinetic exercise program TIW for four weeks followed by re-evaluation, as well as passive modalities to aid in pain modulation often associated with kinetic activities. "Continued light duty recommended as this patient could not possibly perform his PDL without further injury to his lumbosacral injuries."

The patient underwent 14 sessions of physical therapy, which he stated helped his pain. He had an MRI, and several Electrodiagnostic studies.

Sometime between 3/26/07 and 4/09/07, the patient was admitted to the VA Hospital for addiction rehabilitation, secondary to substance abuse and mental illness. On 4/23/07, he presented a note to Dr. from a nurse, dated 4/6/07, that he was undergoing rehabilitative therapy for his alcohol - drug abuse history (apparently including use of cocaine, as per re-evaluation of 4/9/07).

On 5/11/07, patient underwent a behavioral evaluation to assist in treatment planning and possible benefits of individual counseling. At that time, the DSM IV Diagnostic Impressions were:

Axis I	307.89 Chronic pain disorder resulting from work injury of xx/xx/xx
	311.0 Depression resulting from work injury of xx/xx/xx
	300.0 General anxiety resulting from work injury of xx/xx/xx
Axis II	V71.09 No diagnosis
Axis III	847.0 847.1, 726.32 resulting from work injury of xx/xx/xx
Axis IV	Occupational problems
	Economic problems
	Problems with primary support group
	Educational problems
	(These diagnoses are directly related to work injury of xx/xx/xx)
Axis V	GAF (current 49) Highest past year (78) Prior to injury (78)

Patient's Beck Depression Inventory was 32, indicating severe depression.
Beck Anxiety Inventory was 33, indicating severe anxiety.
Patient has been treated with medication management: hydrocodone 7.5/500mg; Soma 350mg; Naprosyn 500mg. He is adult onset diabetic, takes insulin and metformin.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
THIS REVIEWER DISAGREES WITH THE INSURANCE CARRIER IN THIS CASE AND DETERMINES THAT 4 SESSIONS OF PSYCHOTHERAPY BE GRANTED TO THE PATIENT.

In the behavioral evaluation, the LPC points out that the patient's injury was *nerve damage to arms, neck damage, CT,* contusions and bruises. He has had several diagnostic tests, (X-rays, MRI, [another Mri pending] discogram, upper Emg). He has received physical therapy, has had chiropractic adjustments x 2, e-stim, ultrasound, massage, stretching, heat, and topical analgesics.

However, the patient's psychological symptoms, which do not seem to have been addressed, include withdrawing from activities in which he previously enjoyed, i.e. attending church, family activities, sexual activities with his significant other, schooling, aa meetings. He reports depression, lack of interest in family, stress, tension, irritability, sleep disturbance, severe fatigue 100% of the time, feelings of worthlessness and guilt, and relapse.

These are common symptoms reported by chronic pain patients. Discomfort and pain resulting from the injury, plus decreased mobility takes it's toll on a patient's emotional state. When pain interferes with his daily living as pervasively as the patient describes, i.e. "cannot go up stairs, cannot have sexual relations, household chores….etc." he feels disabled. In the reviewer's years of working with patients, the reviewer has encountered many individuals experiencing physical pain and emotional pain of life altering events become depressed and withdrawn.

This reviewer agrees with the behavioral health evaluation that individual psychotherapy will assist the patient through cognitive behavioral therapy. "Systematic REVIEWS HAVE found that cognitive behaviour therapy, using a combination of interventions such as exposure, relaxation, and cognitive restructuring, improves anxiety and depression more over 4 – 12 weeks than remaining on a waiting list (no treatment), anxiety management training alone, relaxation training alone, or non-directive psychotherapy. One systematic review found limited evidence, by making indirect comparisons of treatments across different RCT's, THAT more people given individual cognitive therapy maintained recovery after 6 months than those given non-directive treatment, group cognitive, group behaviour therapy individual behaviour therapy, OR analytical psychotherapy." (Jones, G., et al. Clinical Evidence Concise, (2002) p. 192. What are effective treatments?).

Other clinical research addresses the highly subjective nature of pain, which is influenced by biological, psychological and sociological factors (Caudill, M. et al. (1991) Pain. 45, 334-335), which are addressed above in regard to this patient.

The previous reviewer who denied psychotherapy services focuses on "pre-injury history of psychiatric disorder and substance abuse which were not explored or identified," and that "the current request only seems to take into account depression and anxiety which are *assumed* to be related to the compensable injury." One of the chief tenants of social work is to accept or meet the patient

where he is presently. We cannot assume that his depression and anxiety are not presently related to his injury, in part because of what we know about psychological symptoms of chronic pain patients.

One of his symptoms was relapse, however he chose to deal with that by admitting himself into a hospital. He used to attend aa, and did, (as per documentation) attend a rehabilitation program. Denying psychotherapy almost seems punitive because of assumptions made about his previous treatment. Throughout the documentation regarding this patient, his pain and sustained injury from his accident at work are confirmed. The behavior Evaluation which addresses psychological symptoms also endorses that these symptoms are a result of the work injury. The prognosis for the psychotherapy appears to be good, as the patient seems motivated for therapy and to return to work.

The reviewer concludes that the outlined treatment goals are in compliance with the Texas Labor code (408.021) which states that an employee who sustains an injury is entitled to **all** health care reasonably requered by the nature of the injury as needed. It is important to note that the academy of pain management advocates for pain management to be **multidisciplinary** in approach.

After reviewing the documentation, it is this reviewer's determination that the four psychotherapy sessions be granted.

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 PLEASE SEE ABOVE**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**