

DATE OF REVIEW: FEBRUARY 26, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual psychotherapy – eight individual sessions; two sessions per week for four weeks.

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

MD, Board Certified in General Psychiatry

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- X Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Initial report
- Letter of request for MRI
- Review of comparative Muscle Testing and Range of Motion Study
- Initial evaluation
- Independent Medical Exam
- Functional Ability Evaluation
- TDI-Division of Workers' Compensation Case Decision
- Treatment progress report update
- Follow-up evaluation preauthorization request
- preauthorization request
- Subsequent medical report
- Denial letter
- Response to denial letter

- **Company request for IRO**

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is an African American male with a history of a work injury that occurred. His initial injury was to his left shoulder, right knee, right ankle, and lumbar spine. His treatment included 3 knee surgeries and one ankle surgery which was fusion surgery with a nerve graft. He was also treated with conservative measures and medications. His pathological conditions include left saphenous nerve neuralgia following extensive knee surgery, left knee internal derangement with traumatic naturopathy, right ankle fusion and neuralgia status post nerve transposition, lumbar spine injury with radiculopathy into right leg. The pathology was fully confirmed by objective data including imaging and testing and is consistent both with the he patient participated in individual psychotherapy from 1/3/06 to 2/20/06. The patient was also supposed to have 10 sessions of chronic pain management but was unable to complete only 2 sessions due to excruciating pain. The patient was diagnosed with Pain Disorder, Anxiety Disorder NOS, and Depressive Disorder NOS. The diagnosis is supported by assessment scales date. His current medications include Hydrocodone, Lyrica, Zoloft, Ambien, Enalapril, and Hydrochlorothiazide.

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

THE PATIENT HAS A HISTORY OF A WORK RELATED INJURY RESULTING IN CHRONIC PAIN LASTING FOR 4 YEARS. HE HAD TO UNDERGO MULTIPLE SURGICAL PROCEDURES AND CONSERVATIVE TREATMENTS BUT HIS CONDITION PERSISTED. HE EXPERIENCED PAIN AND SUFFERING AND PSYCHOLOGICAL STRESS RELATED TO UNCERTAINTY OF HIS FUTURE. HIS DEPRESSION IS THE CLEAR CONSEQUENCE OF A CONDITION RESULTING FROM THE INJURY AND SHOULD BE CONSTRUED AS WORK RELATED. THE PATIENT HAD A POSITIVE RESPONSE TO PSYCHOTHERAPY IN THE PAST AS EVIDENT FROM THE REVIEWED MATERIALS AND CONTRARY TO WHAT WAS STATED IN THE DENIAL LETTER. THE EFFECTIVENESS OF PSYCHOTHERAPEUTIC INTERVENTIONS IN CHRONIC PAIN IS SUPPORTED BY NUMEROUS RESEARCH AND IS THE STANDARD OF CARE IN THIS COUNTRY AND WORLDWIDE.

THE DENIAL LETTER BRINGS UP A QUOTE WHICH STATES THAT 'THE LONGER THE DURATION OF PAIN AND THE GREATER THE PREVIOUS TREATMENT, THE WORSE THE PROGNOSIS.' HOWEVER, IT WOULD BE AN ERROR TO INTERPRET THIS STATEMENT IN A WAY THAT ADDITIONAL TREATMENT ACTUALLY WORSENS THE PROGNOSIS. PATIENTS UNDERGO MORE TREATMENTS BECAUSE THE CONDITION IS TREATMENT RESISTANT AND THUS THE NUMBER OF TREATMENTS IS THE MEASUREMENT OF THE SEVERITY OF THE DISEASE. FOR EXAMPLE, PATIENTS WITH INVASIVE CANCER HAVE TO UNDERGO

MULTIPLE RADIO AND CHEMOTHERAPIES UNLIKE PATIENTS WITH LOCALIZED CANCER, BUT THE THERAPIES ARE THE CONSEQUENCES AND NOT REASON OF THE ADVANCED CANCER. CANCER PATIENTS WITH HISTORY OF MULTIPLE TREATMENTS HAVE WORSE PROGNOSIS BUT IT IS NOT THE REASON NOT TO TREAT CANCER. THE SAME HOLDS TRUE REGARDING PATIENTS WITH CHRONIC PAIN SYNDROME COMPLICATED BY AFFECTIVE CONDITIONS SUCH AS DEPRESSION AND ANXIETY.

Medical Review of Texas

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)